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THE UNIVERSITY OF ALBERTA

THE ALCOHOLIC EDUCATOR IN ALBERTA: IS HELP AVAILABLE IN THE JURISDICTIONS?

by

MIKAELLA LATTIEFF

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

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EDMONTON, ALBERTA

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The Alcoholic Educator in Alberta:
Is Help Available in the Jurisdictions?

submitted by Mikaella Lattieff

in partial fulfilment of the requirements for the degree of Master of Education, in Educational Administration

.....

Supervisor

.....

.....

Date Dec 17/1985

This thesis is dedicated to the memory

of B. Dale Johnson, Teacher

ABSTRACT

In order to discover and describe the preparedness of Alberta school jurisdictions to assist the professional educator with alcohol related problems and/or alcoholism, data was collected by survey questionnaire and by interview. In all 54 jurisdictions responded, of which 40 submitted completed questionnaires and 14 administrators were interviewed. Preparedness was determined by

a) administrator awareness of the presence or possibility of alcoholism among professional personnel in his/her jurisdiction.

b) the extent of in-service education and/or training given to supervisory personnel to assist them to make a positive judgement to intervene.

c) the degree of cooperation sought or existing in the preparation or pending preparation of program or policy with the local or provincial professional association.

d) the use that had been made of expertise available through agencies in the field of addictions either to assist personnel or in program or policy preparation.

e) the perceptions that the responding administrators had of the interest groups' stigmatizing or denial of alcohol related problems among professional educators.

f) the existence or pending existence of Employee Assistance Programs or policy and procedures to assist alcoholic personnel.

g) administrators' awareness of job performance incidents and behaviours, identified by them as alcohol related.

Of the jurisdictions responding, 30 were by these criteria considered to be unprepared. Two were considered to be in an advanced state of preparedness and 22 were considered to be somewhat prepared.

The interview data is reported descriptively. Some administrators spoke of difficulties that had been encountered by their jurisdictions in the absence of clear direction and support for supervisory action in the matter of alcoholic personnel. Other administrative concerns were expressed with regard to the groups having investment in the school systems and with regard to legal issues and costs.

Recommendations are made for further research and for action on the part of the Ministry of Education, AADAC, the ATA and the jurisdictions toward a more concerted approach consistent with present knowledge and practice in the assistance of alcoholic personnel.

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Michael James Kozlow and Nathaniel Kozlow share responsibility for the completion of this writing, for without their loving cooperation, criticism and coercion, it would not have been done.

Susan Ozembloski cleaned up the typing errors and adjustments to the first three chapters and typed the remaining chapters and documents, against the clock. So much was done for so little!

Finally, the writer acknowledges responsibility for the content of the thesis including the inadequacies, errors and misconstructions as they may be found herein.

M. L.

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CHAPTER 1

Introduction

This study was undertaken between 1st June, 1984 and 30th August, 1984. It was conducted in a variety of public education jurisdictions in the province of Alberta, Canada. The data collection, in the forms of 1) a selectively distributed questionnaire and 2) an interview with a limited number of jurisdiction administrators, was to discover the degree of preparedness of those jurisdictions, to assist professional personnel with alcohol-related problems and/or alcoholism.

Source of the Problem

"An estimated 3.5% to 7% of the active work force ... experienced severe alcohol-related problems in 1978. These contributed to lower productivity, absenteeism, lowered work morale, and accidents at work estimated at 2 million dollars a day lost to Canadian industry." (Health and Welfare Canada: Special Report on Alcohol Statistics: 1981: p. 22 item 4.3 Occupational Alcoholism).

"Among six occupational groups identified, survey results indicated (Table I): Professional and managerial

persons were the highest [group of] alcohol users [80%] as well as the second highest group of heavy drinkers [16%"] (Health and Welfare Canada:Special Report on Alcohol Statistics:1981:p. 8:Item 4.4.3:Occupation).

> There are as yet no accurate estimates on the prevalence of alcoholism among the members of specific professional groups, but assuming that professionals are at the same risk as other American adults who drink, roughly 1 in 10 males and 1 in 20 females will be alcoholic or experience a serious drinking problem ... there are still more alcoholic men than women. (Bissell and Haberman:1984:p.3)

However, Hobart (Grassroots:Employee Assistance 7/84, Pp. 13-17) and others are prepared to rank order some professionals relative to the general population, giving the doctors, clergy and attorneys the first three places.

No one knows how many alcoholic educators there are, but they are probably experiencing their greatest difficulty between the ages of 35 and 55 years, (Russell:Phi Delta Kappan:V. 60(7); 1979 Pp. 506-507) usually 10-16 years into a drinking career that has long since forsaken 'average'. (Poley et al; 1979:P. 53)

"A significant factor in the teaching profession, aside from the huge economic cost, are the effects that this teacher has on the learning environment within the classroom, probably no other adult spends as much time with our youth." (Zimering and McCreery:1978:Journal of Drug Education:V. 8(3) Pp. 255-256). Not the least consideration, in this respect, should be given to the perception that older students have when they are aware of school

personnel with drug or alcohol related problems, for whom there are no sanctions, while policy exists, and is used to control and punish use, and/or coerce rehabilitation, for students with similar problems. (Dwyer and Muldoon: Grassroots:Employee Assistance 2/84: P. 7).

However, because of the age range identified and because many of the educators in trouble with alcohol may be among the most well qualified as well as the academically high achievers, (Bissell and Haberman:1984:P. 5 and others) it is likely that a large number have also moved into administrative positions in the schools or in the jurisdiction. In these positions they are not only influential in the school system, but are often identifiable in the community, where increasing status and financial capability places them in the group of those who are more likely to be current drinkers and "... the most frequent consumers of fourteen or more drinks per week." (The Canadian Health Survey:The Health of Canadians:1981 Ch. I-Alcohol Use: Pp. 23-26.)

Need for the Study

A need for the study is based upon the following assumptions:

1. The extent of alcohol-related problems in N. American society is only beginning to be understood as a variety of medical and social agencies is reporting to provincial, state, or federal commissions entrusted with accumulating

such data among their other functions. Therefore, only those who become 'visible' to the agencies can be counted. (Poley et al:1979:P. 4).

2. Those individuals who are in trouble with their consumption of alcohol are less likely than those with other medical, psycho-emotional or social problems to seek assistance toward remediation, because of the nature of the disease. (Bissell and Haberman:1984:Pp. 17-18 and many others).

3. The work setting is ideal for identifying a growing problem with alcohol in our society, largely because of the social approval and the sense of identification associated with the job-role. (Twerski:1981:Pp. 84-85). Many workers consider their occupations "... the most important element in [their lives] and will allow everything ... friends, family, home and material possessions -- go before letting [their jobs] go." (Poley et al:1979:P. 54). This is held to be particularly true of male employees. (Twerski: 1981:P. 85).

To be able to measure the prevalence of alcohol related problems among teachers, it is necessary to know whether or not they are reaching the agencies in the community that may assist them, with a problem identified as alcohol related. In order for this to be the case, a referring or intervention system must operate where a) job performance occurs b) colleagues or supervisors can confront the

issue c) rehabilitation can be coerced if necessary. This system may be the unilateral responsibility or the joint responsibility of any of the 3 main organizational stakeholders in the education profession: the provincial government, the local board of education or the professional association.

The existence and extent of any referring systems in Alberta was unknown. It seemed likely that responsibility for such a system may have been taken by local boards of education. This assumption was first made, based on the existence of a vast literature, emanating from business and industry, on Industrial Health Plans with alcoholism clauses and Employee Assistance Programs with policy and procedures specifying alcohol related problems, essentially sponsored by employers but frequently the conjoint responsibility of employer and union. Later, contact with the provincial professional association confirmed that there was no assistance program sponsored by that organization, although informal referral to assistance could be made should a member request it.

Trice and Beyer suggest that the immediate supervisor, when supported by organization policy and procedures, is the person most likely to be effective in bringing the alcoholic or individual with alcohol-related problems to a position of acceptance of assistance and referral to an outside agency. (Journal of Studies in Alcohol V. 45: 1984:Pp 393-404 "Work Related Outcomes of Constructive-

Confrontation Strategy in a Job-Based Alcoholism Program.")

The amount of consciousness-raising, skill-training and education about alcoholism among professionals, given to supervisory personnel in the Alberta education system was unknown. This in-service education could be seen as being sponsored by the provincial government, the local board of education, teacher education institutions, and/or the professional organization at the local or provincial level, and provided by academics with expertise in the field, the provincial commission, voluntary organizations with expertise in the field, such as Alcoholics Anonymous, or health and social services personnel with expertise in this specific area.

Implementation of any board of education decision to assist their professional personnel with alcohol-related problems and alcoholism would require the services of at least one member of the central administration. The most likely administrators were seen to be those most directly responsible for personnel. Depending on the size of jurisdiction, this may be the superintendent or an assistant, or another specially designated officer.

In Alberta, the extent of the skills and knowledge, related to the problem, of such administrators was unknown.

Purpose of the Study

The purpose of the study was to

1. discover and describe the degree of jurisdiction

preparedness to assist the teacher or administrator with alcohol-related problems or alcoholism, by determining

a) the awareness of a management level administrator of the presence of or possibility of alcoholism or alcohol-related problems among professional personnel in his/her jurisdiction.

b) the extent to which management and line supervisory personnel have had consciousness-raising experiences (e.g. in-service workshops) to assist them to make a positive judgement to intervene should a problem related to alcohol consumption involving an educator become known to them.

c) the degree of cooperation sought or existing between the local or provincial teachers' association and the jurisdiction in setting up any proposed or existing referral program.

d) the use that has been made of agencies, with expertise in the problem area, in consciousness-raising activities, training of personnel, and preparation of policy and procedures for proposed or existing referral programs.

e) the perceptions that the responding administrator may have of the local community's stigmatization and/or denial of alcohol-related problems and alcoholism, and that among jurisdiction personnel.

f) the existence or pending existence of programs, such as an Employee Assistance Program.

g) present procedural techniques in place for handling alcohol-related problems or alcoholism.

h) present policies in place to support supervisory action and ensure job security and reputation safety of personnel seeking treatment for these problems.

2. To discover whether those jurisdictions which did not have formal policies and procedures had any interest in programs of referral, notwithstanding other constraints.
3. To discover the job-related incidents identified by the administrator as problems related to alcoholism or excessive alcohol use, where a professional employee has been identified as being alcoholic or having an alcohol related problem.
4. To discover the means by which knowledge of a problem comes to the attention of an administrator at the central office level.

Definition of Terms

Alcoholism: Keller (in Pittman and Snyder (eds): 1962) in pursuit of a definition of alcoholism that will fit all expressions of the disorder, as it appears variously across cultures, states that the lack of definition is an inhibitor to understanding the problem and that it also limits the progress that can be made in treatment technology.

"If "alcoholics" are to be counted, or the prevalence of "alcoholism" is to be measured ... an agreement about the meaning of these terms is needed." (P. 310). However, the recommendations of the 9th Revision Conference (1975) adopted by the 29th World Health Assembly, for the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, and published by the World Health Organization (1977) have declined to define alcoholism per se, but have divided the various physical and psychological disorders for classification. Thus, "Alcohol Dependence Syndrome" to be found under "Mental Disorders" (item 303.0) is described as follows:

> a state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioural and other responses that always include a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence -- tolerance may or may not be present. (P. 198)

It goes on to include in the classification, "acute drunkenness in alcoholism, dipsomania, and chronic alcoholism" without explanation. The exclusion, however, of previously defining social, economic, and physical ills resulting from the drinking (Keller:in Pittman and Snyder (eds) 1962:P. 313) is probably as instructive as the inclusions, allowing that the harm may not necessarily be that visibly accruing to the drinker.

This leaves room for the observation that the alcohol misuse is such as to constitute a problem to society and/or

to the individual (Poley et al:1979:P. 4).

For purposes of this study, the World Health Organization (1977) description, will stand as "definition", with the additional recognition of a continuum or process leading to the dependency syndrome (Johnson:1973:Introduction;and all writers with clinical and research experience).

Alcohol Related Problems: "Stigma and denial are still the most critical issues facing the alcoholism field. Those who fail to acknowledge these dynamics suffer from historic amnesia ... Alcoholism continues to be the most deniable disease of our time -- deniable by the community in general, by agencies in our communities, by the public, voluntary and private sectors ... It will continue to be the disease of denial if we turn our attention away ..." (Dimas:Excerpted from presentation to the 30th International Institute on the Prevention and Treatment of Alcoholism - Athens, Greece, May 28-June 2, 1984 in Grassroots: Alcoholism (12/84) P. 56).

The pressing issue is to end the denial and become advocates for those affected by alcohol and change the community into an asset in remediation rather than a reinforcer of the disease (Ibid.). However, recognizing that denial and stigma are there in full force, "alcohol related problems" will allow for the inclusion in the study of those educators whose peers do not consider to be alcoholics, but whose supervisors and colleagues and others consider to indulge in alcohol use with more than ordinary enthusiasm, or at rather more frequent than

usual intervals, rendering them temporarily at less than optimum efficiency on some workdays.

Other signals of an alcohol related problem may be community legal sanctions, (impaired driving, disturbing the peace) social comment, (rumours carried by students, parents, members of the public) and other social and work related disruptions.

An alcohol related problem may be said to exist when the individual him/herself expresses concern about the drinking, but declines to identify him/herself as an alcoholic (Keller, in Pittman and Snyder (eds) 1962).

Disease: "Alcoholism is a disease -- or if one wishes -- an illness... How alcoholism is labeled does make a difference! ... it is a constructive concept that tends to make alcoholics and their families seek its counterpart: Recovery ... " (Dimas:Excerpted from a presentation to the 30th International Institute on Prevention and Treatment of Alcoholism -- Athens, Greece, May 28-June 2, 1984:in Grassroots:Alcohol (12/84) P. 57).

This position has changed little since 1960 when Jellinek, as an outcome of the Yale Studies that began in the 1940's made a case for addiction to alcohol, although the foundation of Alcoholics Anonymous in 1935 should probably be credited with sowing the initial seeds of the ideas. Bell (1954) says, "... toxic reactions to chemicals [as in "intoxication"] generally can be compared to

disease reaction." (Proceedings of 1st Annual Alberta Conference on Alcohol Studies:P. 77-79). Addiction or toxic reaction: in either case, if correct, there would be just grounds for using the term "disease" as a classification of alcoholism.[1] But social pragmatic reasons, as Dimas (1984) says, must serve as justification until such time as there is a better understanding: if alcoholism is a disease then it is treatable. (Poley et al:1979:P. 3).

Its use here shall in no way imply that there is no responsibility on the part of the victim to enable his rehabilitation. No definitive statement is made concerning etiology of the problem. There is, however, implied that a component of the phasic expression of alcoholism is the attempt to delude self and others as to the normalcy and justifiability of the drinking, which disallows many problem drinkers from seeking assistance without external prompting. (Bissell and Haberman:1984: Preface; Hobart:Grassroots:Employee Assistance 7/84, P. 17).

Intervention: Intervention will be used to describe the interference in the lifestyle of the professional

---

[1]There are other reasons to suppose that the classification of disease may be accurately and correctly assigned based on biological findings. These, at the present time, apply to only small proportions of the population of alcoholics but it is not an unfruitful direction for research, which may itself provide an etiological breakthrough leading to more effective prevention, treatment and cure. (Israel and Mardones (eds.):1971).

educator in trouble with alcohol consumption, which will usually be begun by an employer or immediate supervisor concerned about lowered job-performance or job-performance problems that come to his/her attention directly or indirectly. (Johnson:1973:P. 50-51). The term in no way implies that the intervention will have a positive outcome; that the consequences of it will avert dismissal or other job-sanction or that the supervisor is engaging in practices for which he/she may be unqualified.

Policy and Procedures: Formal policy regarding how the organization views alcohol-related problems and alcoholism and its expectations of employees, which is well distributed and frequently brought to the attention of all personnel, allows supervisors to act dispassionately and employees to expect predictable action. The procedures prescribe that action and safeguard the reputation and job of the employee in difficulty so long as there is cooperation that leads to rehabilitation and/or work performance improvement. (Hobart:Grassroots:Employee Assistance (7/84) P. 15-16. Others).

Preparedness: The "preparedness" of a public education jurisdiction to assist a professional educator with an alcohol-related problem or alcoholism can be said to be actuated in the presence of policy and procedures, an Employee Assistance Program or similar plan for referral; in the seconding of a responsible officer to organize and

remain involved with the referral system at least as a monitor; in the planning for in-service education as an on-going process for all supervisory personnel and at intervals for other teachers; and in the negotiation of funding, either through existing benefit plans, or through special funds. (Hobart:Grassroots:Employee Assistance (7/84) P. 15-17. Others). Its use in this way shall in no way imply that those not engaged in such specific plans are not humanely concerned or cast any negative aspersion upon their willingness to help.

Professional personnel: For purposes of this research, professional personnel shall mean teachers, school counsellors, vice-principals, principals, education office personnel holding teaching certificates, such as co-ordinators, consultants, supervisors, directors and assistant directors, and superintendents. Other professionals who may as part of their responsibility participate in school functioning such as public health nurses, mental health workers and psychologists not employed by the jurisdiction, are not the concern of this research.

Protection: Professional personnel who enter into therapy for the relief of an alcohol-related problem or alcoholism either voluntarily or as a requirement for continued employment must as a minimum be able to do so with the assurance that so long as progress is made, there will be continued employment, that future promotion based

on satisfactory past and future performance is not hindered, and that a satisfactory outcome will ensure entire confidentiality i.e. destruction of the file. (Brooks:in Teacher V. 98(3), Oct. 1980, P. 39). This is in no way to imply that the employee will be protected from job-dismissal or other sanctions including pension losses due to termination, should the outcome not be satisfactory or the individual prove intractable in accepting assistance. Neither does its use infer that the individual will not be terminated for other reasons. (Poley et al:1979:P. 53-54).

Recidivism: In incomplete therapy or some psycho-social/psycho-emotional cases, alcoholic symptoms do not remain constantly remediated. Attempts to return to a state of social drinking tend to lead to trouble with consumption and the resumption of intermittent problems. (Bissell and Haberman:1984:P. 15). This is recidivism. In most cases a caring comprehending supervisor who can be easily approached is the best assurance that these problems become fewer and a support group of either local professionals or Alcoholics Anonymous is invaluable.

Stages: Although no alcoholic problem is ever exactly like another, in general, there is a case to be made for a disease process. Like most other diseases the longer the process continues the more difficult the disease is to treat. This process is described differently by different professionals who look at the problem from

different points of view and even by different victims based on their own experience. Nevertheless, there is overall agreement that there are stages reached at last where the disease is intractable because severe psycho-emotional and physical damage has been done. (see Appendices # 1 and # 2 for Henderson:Proceedings of the First Annual Alberta Conference on Alcohol Studies (1954), Pp. 35-40. and Peer et al:Personnel and Guidance Journal V. 60(8) April 1982:Pp. 465-469; also Poley et al:1979:P. 53.) There is also agreement that the earlier the disease is apprehended the greater the chance of full social recovery and the lesser the physical damage. (Johnson:1973:V:P.43; Bissell and Haberman:1984:P. 18. Many others).

Supervisor: Although some school jurisdictions have administrative personnel whose titles include the word "supervisor", for purposes of this research the words "supervisor" and "supervisory personnel" mean to signify those school, jurisdiction, and board of education personnel who are responsible for directing the work of others. They will signify those reported to on matters related to professional job performance by subordinates. The subordinates may be classroom teachers, principals, directors of instruction or superintendents. In this matter then, elected members of the board, in the supervision of a superintendent, may be the supervisory personnel, as the employers.

CHAPTER II

Introduction

This review of the literature is arranged in order to respond to the questions pertinent to the relevance of an investigation of the preparedness of school jurisdictions to assist the alcohol impaired professional educator, for the school jurisdiction administrator. The questions most demanding of response are in three main categories 1) the nature of alcoholism, as it is presently understood, and its affect on the lives and work of victims, 2) who is likely to be affected by heavy alcohol use, and 3) how and why intervention and assistance may be rendered in the workplace.

1. Potential for Alcoholism Among Professionals

Alcoholism appears to have moved from fourth to third place in the roster of North America's health hazards between 1967 (Pittman and Sterne in Pittman (ed.):1967: p. 201) and the 1980's (Sandmaier:1980:p. 209 ; Hobart in Grassroots: Employee Assistance 7/84:p. 13 and Dr. R. Gordon Bell: W5: CTV Network: News, Features and Information Programming Dept., Toronto, Canada 28.04.85). This is in keeping with a trend toward increased alcohol use

(Canada Health Survey:1981:Ch I - Alcohol Use:p. 26).

> "... [A]n increase in the per capita consumption of a country should generally be taken to indicate an increasing prevalence of heavy users and of alcohol-related mortality. It should be noted that this prevalence is likely to increase at a much higher rate than per capita consumption." (Bruun et al:1975:pp. 44-45).

Note that "heavy users" in this latter study are those experiencing alcohol-related health damage.

Other findings of the Canada Health survey are of interest to educational administrators in Alberta, as they may pertain to an evaluation of the potential of educators themselves, for being adversely affected by the use of alcohol.

1. The proportion of current drinkers increases, in the Canadian population, province-wise in an east-west direction, from 55% in the Atlantic provinces to 73% in British Columbia.

2. The proportion of current drinkers who consume fourteen or more drinks per week (the highest category in the study) increases similarly, from 15% to 23% (p. 24).

3. The proportion of the population who are current drinkers and have 7 or more drinks per week is higher for higher levels of education (p. 24). This is consistent with the findings of Bissell and Jones (1976), who declare college graduates to have a markedly higher proportion of drinkers than other educational levels. (American Journal of Psychiatry:133/10:Oct/76:p. 1142).

4. Those with higher earnings (in the fifth quintile[1]) were found to be more likely to be current drinkers, as were the employed, and those in managerial or professional occupations[2] (p. 24 and Tables 6 and 7).

5. Those cited at 4. were proportionately the most frequent consumers of fourteen or more drinks per week

6. Heavy drinking is relatively more frequent for both men and women under age 45, (p. 23) and at the younger age ranges, particularly in the Western Provinces, the drinking patterns of women more nearly parallel those of men (p. 26).

Statistical information regarding educators in Alberta, from "Salaries and Qualifications of Teachers in Public Elementary and Secondary Schools." (1983-84), published by Statistics Canada, is as follows:

1. In the school year 1983-84, 84% of Canadian teachers held at least one university degree. In Alberta 20,665 of a total of 24,308 (approx. 85%) held at least one university degree, while a further 2,451 (approx. 10%) held magistral or doctoral degrees (p. 44, Table 5).

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[1] the study report gives no scale for these quintiles and thus the writer assumes the uppermost 20% of reported incomes, which may or may not include some proportion of teachers' salaries.

[2] teachers were included in this classification.

2. Figures for salaries of Alberta teachers in 1983-84 were not available but in 1982-83 the average salary in Alberta was $33,251. The Canadian average was $32,268 in 1983-84 and there was an average rise in educators' salaries of approximately $2660.00 (p. 17, Table 2).
3. The average age of teachers in Canada in 1983-84 was 39 years and in Alberta was 37 years (p. 17, Table 2).
4. The total number of teachers in Alberta was 24,308 of whom 13,849 were women (p. 16, Table 1), approximately 57%.
5. The proportion of female teachers declined across Canada from 57% to 54%. The number of women in school administration declined by 19% in the period 1972-73 to 1983-84 when there was an overall decline in the number of available positions of 1% (p. 12).
6. In Alberta in 1983-84, approximately 23% of male educators held positions of added responsibility including principalships, while approximately 4% of female educators held similar positions (p. 22, Table I).
7. Alberta teachers had approximately 12 years of teaching experience, as an average, in the same period.

On the basis of average age, years in the profession, salary range, proportion of men in the profession, and post-secondary educational level, it would seem reasonable to assume that there would be concern among educators in general about the possibility of problems with alcohol, and that Alberta educators should not be

less concerned than others. Moreover --

> "...[M]ore than 70 percent of problem drinkers reside in respectable neighbourhoods, live with their husbands or wives, try to send their children to college, belong to a country club, attend church, pay taxes, and continue to perform more or less effectively ..." (National Institute of Mental Health and Alcoholism:1972:p. 9).

Should trends in Canadian drinking behaviours not be sufficient to warrant concern about educators, perhaps the increasing concern of professional organizations such as those of physicians, dentists, veterinarians, lawyers and social workers, among others, who are "... well represented among populations of chemically dependent people," (Bissell and Jones:in Nursing Outlook, Feb. 1981, p. 96) and the action that many such organizations have taken, both in the U.S., Great Britain and Canada, to facilitate early detection, provide access to remediation and support rehabilitation from alcohol and other drug dependencies should satisfy the most sceptical that professional people, including teachers not only could but do have problems with alcohol abuse. (Bissell and Haberman:1984:passim N.B. Appendix C; Brooks in Teacher v. 98(3):1980; Cramer:in American School Board Journal: v. 164(8):1977; Dwyer and Muldoon in Grassroots:1984:Employee Assistance:pp. 7-9; Instructor:Heisner Report:v. 87(9):1978; Wilson:Ontario Council for Leadership in Educational Administration:v. 18 (16):1980).

2. Potential for Alcohol Related Problems and Alcoholism Among Women in the Education Profession

The number of women teaching in Alberta is somewhat higher than the national average and may contribute in a miniscule way to an overall lowering of the proportion of educators in some degree of trouble with alcohol consumption. However, there are other factors that may entirely discount this diminution: the tendency for women in the Western provinces toward drinking behaviour that is similar to that of the men, (Canada Health Survey:1981:p. 26) and the proportionately low rate at which women assume administrative positions in their schools. (Statistics Canada:1985: p. 22, Table I). Both Blane (1968:p. 111) and Sandmaier (1980:p. 232) identify unrealized career promise resulting in a sense of failure, and conflict between ambition and social reality as basic factors in excessive alcohol use among well-educated women.

The education profession in Canada and Alberta is no more healthy in this respect than any other realm of endeavour.

> "... [D]espite the high level of rhetoric on this matter, the proportion of women in administration does not appear to have been changing significantly in the past seven or eight years, [since the Nixon-Hrynyk study in 1972]." (Hrynyk:Challenge in Educational Administration:v. XIX(2) 1980:p. 33).

In the home, community and school system the unrealistic expectations of the roles that wives and mothers will play, still works to confound women who have administrative

capability preventing them from applying for positions that become vacant. In addition, the absence of female support groups may lead those who do attempt to fulfil all the expectations of an expanding career, and a stable family, into anxiety and tension in the face of expected new responsibilities. (Nixon:Challenge in Educational Administration:v. XIX(2) 1980: p. 27; Hrynyk:ibid:p. 32). Rather than add to their already considerable burdens, many women, in the absence of real encouragement and assistance to do otherwise, will not apply for positions of added responsibility.

Other problems may be helping to obscure alcoholic women, so that a realistic estimate cannot be made of their numbers. In the population generally, 5 percent of women are said to be in trouble with their alcohol consumption. (Bissell and Jones:Feb. 1981:Nursing Outlook:p. 96). But, partly because greater stigma attaches to women who are alcoholics than men, (Babcock and Connor:1981:Social Work v. 26: pp. 234 and 236; Blane:1968:p. 118; and see also Poley et al:1979:p. 59 for stigmatizing statement about alcoholic women as "sicker") and partly because even where Employee Assistance Programs exist, supervisors are less willing to confront female employees, they contribute at a proportionately very low rate to those so identified, even when their numbers are significant in the work force. (Poley et al:1979:pp. 59-60; Bissell and Haberman:1984:pp. 9 and 158; Sandmaier:1980:Ch. 6). Professions in which women

predominate, such as nursing and teaching, have lagged conspicuously in the development of programs of recognition and assistance, often because women underestimate their own and their colleagues' drinking behaviour. (Bissell and Haberman:1984:p. 158).

A serious barrier to recognition of women's problems with alcohol has been the unwillingness of medical professionals to identify other professionals as alcoholics, most particularly, when that professional was a woman (Bissell and Haberman:1984:p. 12) and even when the patient had expressed concern for her own drinking behaviour or demonstrated aberrant behaviour during consultation. (Sandmaier:1980:p. 208).

Despite these many problems that have obscured the female alcoholic, there is some evidence that women may be the largest growing group of alcoholics (Babcock and Connor:1981: in Social Work v. 26:p. 233) or in any event the largest growing group of heavy drinkers. (Wilsnack, Wilsnack and Klassen: in Grassroots 1985:Alcohol, pp. 3-5). Some consider that there is an increased awareness, and willingness among women to seek assistance which is falsely inflating the estimates of alcoholic women, and that women tend to report their drinking more accurately than did their older sisters and mothers. (private communication from AADAC Counsellor 24 Feb. 1983 and National Institute of Mental Health and National Institute on Alcohol Abuse and Alcoholism:1972:p. 9).

Notwithstanding all of the above, there are still fewer alcoholic women than men. (Bissell and Jones: Feb. 1981:in Nursing Outlook:p. 96).

3. Job-Based Risks and the Supporting Ecology of a Drinking Problem

Consideration must be given to the ecosystem in which a drinking problem thrives, and the workplace as part of that ecosystem. Alcohol related problems are most usually viewed as idiosyncratic and to the extent that this is so, the individual is victimized and alienated from seeking help (Fine et al in Social Work:v. 27(5) 1982: p. 439). Although external "causes" may be cited in mitigation of culpability, this mitigation is a two-edged sword which while seeming sympathetic also implies moral laxity or spiritual weakness or both.

However, "... alcoholism is not a process developing apart from societal organization but is deeply embedded therein." (Trice, in Pittman and Snyder (eds.):1962:p. 509). All the physical, mental, emotional and spiritual changes that occur in the alcoholic as he/she passes through the alcoholic disease process, and their behavioural expression, occur not only within the familial and social frameworks, but within the occupational framework, too. "Occupational type strongly influences how alcoholism is expressed." (Ibid). Thus the oft-repeated catalogue of how job performance is influenced by excessive alcohol use, may

obscure how the job has, over time, conserved, cultivated, denied and covered-up a growing problem or may have in and of itself, provided the etiological parameters for a latent tendency's expression (Bruun et al:1975:p. 36; Hobart in Grassroots 1984:Employee Assistance 7/84:p. 13; Fine et al in Social Work v. 27(5) 1982:p. 436; Trice, in Pittman and Snyder (eds.):1969:p. 509).

These are the "job-based risks" (Poley et al, 1979: p. 58) that those with potential, maybe genetic potential, (Jellinek:1960:pp. 33-115; Cruz-Coke, in Israel and Mardones (eds.):1971:pp. 335-361) for heavy drinking, may encounter. Not all the items are of particular relevance for educators, and some require elaboration:

"1. Lack of visibility - ... positions which cause the employee to spend time away from the work setting, or absence of clear goals, with no work evaluation." There seem to be three distinctly different aspects of the educator's work life that could be referred to here.

a) time away from work setting -- off-campus preparation time; frequent time away from home and school, for example overnight or weekends with teams; out-of-school day time by administrators, with minimal explanation; work place is in annexed buildings or at considerable distance from staff room disallowing meeting with peers before school or at coffee/lunch breaks, or giving legitimacy to absence from such gatherings; roles that would seem to have expec-

tation that incumbents not be visible at such break times during a school day -- counsellors, physical education staff, foods services staff, fine arts, performing arts and music staff, shop and industrial arts staff, computer laboratory staff, librarians, special education staff.

b) absence of clear goals -- in a profession that operates with what is sometimes considered to be a "weak knowledge base", and where the connection between what is done and the outcomes thereof are considered tenuous, (Lieberman and Miller, in Teachers College Record v. 80(I) 1978: pp. 55-56) despite the volume of paper describing "goals and objectives" that may be sitting in files, "goals for schools are vague and often conflict." (Ibid, p. 56). Because the work is done by humans with humans and the process is largely "invisible", the goals must not only shift according to the teacher's perception (sometimes in a matter of moments) but thereby be changed over larger periods of time.

Goals as stated in Curriculum Guides[1] must be translated into something meaningful for the teacher, by the teacher, within the framework of his/her own teaching

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[1] "No mention is made here of goals in the affective domain, not because they are less important, but because there is no consensus among educators of what they should be or how they might be achieved. Teachers are encouraged to develop their own ..." (Curriculum Guide Years One to Twelve -- Mathematics -- Province of British Columbia, Ministry of Education, Victoria, B.C.:1978).

philosophy and the constraints of community and school stated and implied philosophies, time, number of students, apparent and assumed capabilities of any particular group of students. This activity is largely carried out in the absence of professional support (Ibid., p. 57).

There is less a paucity of goals than there is a surfeit of often conflicting goals and thereby an absence of clarity. This leads to the third aspect of invisibility: c) no work evaluation. Teachers' work is evaluated. Teachers may not always be well supervised and they are certainly not under constant surveillance, except by their students, but they are periodically evaluated and reports are written. How well this is done, and what value may be placed upon the resulting reports may leave much to be desired:

> "Teacher evaluation is a disaster. The practices are shoddy and the principles are unclear. Recent work has suggested some ways to clarify the issues and to make the procedures more equitable and reasonably valid, but one cannot yet point to a single exemplary system in which the practices come near to matching our knowledge." (Scriven (1981) p. 244:quoted in Hickcox, "Dilemmas in Teacher Evaulation", in Report of the 1982 Workshop on Teacher Evaluation:Canadian Teacher's Federation: 1982:p. 1).

In a climate where this is the case, where teachers have little respect for the process and where fast talking could explain away a negative impression, there is little room for the sensitivity and accuracy that will reveal a declining job performance. A climate where there is

as little agreement between evaluators as there is between teacher and evaluator as to what the performance criteria are or even what the criteria terms mean (Ibid, p. 8) does not make the upholding of "standards" or falling "standards" readily available to either the educator with a problem or the supervisory personnel involved with that educator. Thus, negation of adverse criticism, legal recourse (ibid, p. 11) or other forms of denial may be used by the self and others to protect the victim of an alcohol problem.

The evaluation of administrators is less frequent, and even less well-formulated (ibid, p. 11). This places them at even greater risk. They report (along with other professionals) frequent inactivity on the job interspersed with frantic production to catch up (Dwyer and Muldoon: 1984:p. 8; Trice, in Pittman and Snyder (eds.):1962:p. 501).

An added visibility difficulty is the extent to which teachers attempt to carry on their task in professional isolation. Notwithstanding professional development, teachers attempt to face their classes daily and yearly, often behind closed doors, usually without shared information or consultation (Knoblock and Goldstein:1971:pp. 5-10; Lieberman and Miller, in Teachers College Record v. 80(I) 1980:p 57).

"4. Miscellaneous risk factors. Severe role stress, competitive pressure ... sheer boredom, or lack of a sense of personal fulfillment." (Poley et al:1979:p. 58). Other

items include work addiction and informal power struggles (ibid), lack of recognition; an adequate salary to support frequent alcohol use, and collegial pressure to drink. (Bissell and Jones:in Nursing Outlook Feb. 1981:p. 96).

A tendency toward heavy drinking is fostered in an atmosphere of its acceptability. Where frequency and amount consumed is only marginally different from the group, "... social control of the individual's level of drinking, if exercised at all, will not be nearly so effective, ..." (Bruun et al:1975:p. 30). Thus, the frequent use of after-work drinking as a legitimate way to "come down", relax or "drown one's sorrows", a permissive or sympathetic attitude toward intoxication at functions sponsored by teachers' association or board, and a competitive or macho attitude toward "holding one's liquor", all help to provide a background against which the problem drinker may positively assess his/her own drinking behaviour (Fine et al, in Social Work v. 27(5) 1982:pp. 436-437).

"[P]ersistence of the behaviour over the long term is generally possible in a fertile environment, that is, one that protects the drinker ... from having to face the consequences of his behaviour." (Twerski:1981:p. 115). This fertile environment may consist of supervisory staff who take a parenting approach to the problem in the belief that willpower or the resolution of immediate "problems" will abate the drinking, to collegial cover-up of work

deficiencies. The education profession has been one of the more adept at the cover-up. The "... no talk rule has become a sacred duty ..." especially in the protection of administrators, partly because there is some notion that teachers have a special community image and partly because teachers (and others) fear confrontation of this and other difficult matters (Dwyer and Muldoon:Grassroots 1984:Employee Assistance, p. 7). In all "... for years the unwritten policy enforced by school boards toward alcoholic employees has been 'keep quiet and die slowly.' Schools in effect said to employees: 'Drink till you are so sick we have to fire you, or else don't let us know about your problems.'" (Cramer, in American School Board Journal v. 164(8):1977: p. 52).

Workplace cultures of drinking may have apparent consequences as they affect the socialization of newcomers, and setting of norms so that aberrant drinking becomes not only virtually invisible but is unaffected by social controls as stated by Bruun et al (1975). Thus, any attempt at intervention cannot only be refused but can become a source of grievance because of apparent "victimization". (Fine et al: Social Work v. 27(5) 1982:p. 438).

Some teachers will be more susceptible to the cultural message than others: those who are short of social supports and may be over-invested in the role of educator, males who may need overtly male expression, females who

will accept the overprotective support and cover-up. (ibid:pp. 437-438).

4. Community Factors in the Growth of Alcohol Related Problems

The environmental community factors have already been mentioned in connection with the workplace as a support system for a drinking problem. But there are other issues, beyond the ideas of "the more drinking in general, the more heavy drinkers, and the more alcohol related problems." Educational administrators who may wish to evaluate their own jurisdictions for hidden alcoholic problems should take into account the Canada Health Survey (1981) findings on community size; as well as community attitude toward alcohol use and cultural allegiances.

The Canada Health Survey (1981) indicates a difference in proportion of current drinkers drinking at least once a day from 11% in communities of less than 100,000 to 20% in communities of one million or more (p. 24). If the 11% is made up of those professionals and managerial employees of the highest income bracket in the community, then no conspicuous cause for equanimity seems to emanate from these findings.

It has long been understood that societies which have clear social controls over the use of alcohol, where alcohol is regarded as beneficent, and intoxication is frowned upon, have appreciably fewer instances of alcoholism.

Conversely, those societies which view alcohol as inherently evil and its use as sinful, and which provide no guidelines for controlled use, contribute disproportionately to the overall numbers of alcoholics (Chafetz and Demone:1962: pp. 62-105; Bales, in Pittman and Snyder (eds.) 1962: pp. 157-188). Communities may be rather readily evaluated for their overall climate that may be contributing to alcohol related problems. This evaluation may be of a purely local or larger kind. Pittman (1967) provides the labels and explanations:

a) abstinent - negative and prohibitive (see above)

b) ambivalent - conflict exists in the value structure such that drinking may be frowned on and occur only in groups away from the family, but intoxication is cossetted and may be considered an enviable condition. In the larger society this may be evidenced in vacillation and double standard in public policy (Poley et al:1979:p. 14) such that government not only forms the sole agency for the proliferation of alcohol and benefits from advertising and sale but also sponsors alcohol rehabilitation and education through commissions such as AADAC and punishes misbehaviour such as drunken driving.

c) permissive -- allows drinking, but frowns on pathology or drunkenness. Alcohol regarded as benign (see above).

d) over-permissive -- allows drinking and drunken misbehaviour and excuses pathology. Common when a cultural group or society is in process of change, or where there is a strong alcohol lobby derived from source of employment, for example (Pittman (ed.) 1967:Intro., p. 5).

In North America, more ambivalence toward alcohol use prevails as a socio-cultural climate than any other characteristic. This is also true for many individuals whose cultural background may preclude drinking, but whose chosen social environment may include drinking. (ibid:p. 9 also Chafetz and Demone:1962:p. 92). Ambivalence then becomes a risk factor among other factors contributing to a problem with alcohol. This ambivalence may also be said to exist where a double standard exists. Teachers may consider that as exemplars to the young they should not drink, but as private individuals their right to drink is equal to other citizens.' (Russell in Phi Delta Kappan v. 60(7) 1979:p. 506).

In addition, urban society as it tends toward greater complexity, impersonalization, separateness and individualism, provides approval and recommendation of alcohol use in the absence of its ability to sanction misuse. Inordinate consumption is easy to disguise and when detected, the absence of intimacy in formal relationships precludes addressing the problem. (Bacon, in Pittman and Snyder (eds.): 1962:p. 78; Bruun et al:1975:p. 41).

5. The Disease Alcoholism

One of the problems about talking about alcoholism and alcohol related problems is that so many "definitions" written by those whose business is the treatment of alcoholism, are in fact descriptions of advanced states of the disease and many fail to address the period which leads to this rather melodramatic and obvious state. The "definition" of Chafetz and Demone (1962) is not untypical:

> "... a chronic behavioral disorder which is manifested by undue preoccupation with alcohol to the detriment of physical and mental health, by the loss of control when drinking has begun (although it may not be carried to the point of intoxication), and by a self-destructive attitude in dealing with personal relationships and life situations." (p. 4).

This leads to two difficulties: the educated professional is able to successfully avoid confrontation with his/her own drinking behaviour, and those who live and work with them, can avoid the need to act, until undeniable symptoms are manifested. At this stage, not only may the victim prove increasingly intractable but often irreparable physical, spiritual, emotional and mental damage has been done. (Johnson:1973:Intro., p. 6).

The progressive phasic nature of alcoholism while not entirely consistent for all victims, in respect to order or experience of all stages, is generally accepted as a profile, by both alcoholics themselves and by those who treat them. Interested professionals tend to view

the profile from their vantage point and to draw it concomitantly. There is some measure of "fit" of one to the other (See appendices #1 , #2 , #3). Profiles of the older type, (Henderson:in Proceedings of the First Annual Alberta Conference on Alcohol Studies:1954:pp. 35-40) must be considered in the light of their revelationary and revolutionary quality, and of the fact that they were often prepared with the cooperation of rehabilitated alcoholics, the palliation of whose disease had often required the acceptance of a particular doctrine or belief about the disease.

The issues that must be addressed within this framework of a progressive, phasic disease are those aspects of the personality that change and make the professional educator an increasing liability. Not only are the resulting behaviours a problem for the individual, his/her family, friends and colleagues, but they may indicate a source of some of the out-of-the-ordinary problems that may come to the attention of the school or district administration.

Chafetz et al (1970:pp. 17-23), Catanzaro (1968:p. 16) and members of Alcoholics Anonymous (1975:passim) describe low frustration tolerance; anxiety and dependence upon others; low self-esteem combined with grandiosity; perfectionism for self and others; free floating or unreasonable anger and resentment; ambivalence toward authority manifested indirectly; guilt; inability to express emotions adequately or maturely; feelings of isolation despite

supportive and caring others, fearfulness and compulsiveness, as characteristics of the alcoholic personality. No individual should be expected to display all of the characteristics enumerated, but some combination of a selection is more usual because, "the needs, abilities, desires and motivations of alcoholics vary tremendously ..." (Catanzaro (ed.) 1968:p. 7).

These characteristics lead to job-related problems: "... the alcoholic has great difficulty in keeping to rules and regulations ... Violation of rules disturbs ... the organization, efficiency and morale ..." (Blane:1968:p. 75). An almost impenetrable mask of passivity may hide an unreasoning anger toward authority which may emanate as divisiveness in gripe sessions, in open challenge or attempted usurpation of leadership among colleagues or students (ibid: p. 67-70). In the classroom, the model for students of immature "overboard" (A.A. 1975) decision-making and frustration intolerance, among other manifestations should give cause for concern.

Zimering and McCreery (in Journal of Drug Education v. 8(3) 1978), in a discussion of the middle stage alcoholic teacher, describe frequent physical disorders rather than absenteeism, lateness in arrival and prematurity of departure, with plausible excuses; inconsistency of social interaction during the day, with colleagues; conflict with students and parents; and justification of poor performance

-- year round, as some of the manifestations of a growing difficulty with alcohol (pp. 255-256). Lack of interest, irritability, and neglect of the task are identified by a teacher who did get help for her advancing alcoholism (Teacher:v. 98(3) 1980:p. 40).

> "Abnormal absenteeism; tardiness, decline in performance, lapses in fulfilling responsibilities, subtle changes in relationships with other teachers, deterioration in personal grooming, elaborate alibis for work deficiencies,"

are the symptoms that recommend referral, says the Heisner Report (Instructor, v. 87(9) 1978:p. 27).

Young teachers may have drinking problems; middle aged, mature, experienced teachers may have drinking problems; administrators may have drinking problems, "... usually alcoholism becomes evident between 35 and 55, the years when careers should be flowering." (Russell, in Phi Delta Kappan v. 60(7) 1979:p. 507). By the time the disease has become "evident" the effects of heavy alcohol use have already had considerable impact on the life and work of the victim. For administrators, this impact, although difficult of discovery, must be a source of unease.

Bissell and Haberman (1984) while making it clear that it is virtually impossible to say when exactly an individual has stopped drinking in a social fashion and has begun drinking as an alcoholic, have found some consistency in what they consider to be drinking "benchmarks",

(p. 41) for the professionals they studied. Not only was the order of these occurrences consistent but there was a median timespan between occurrences (p. 43). There was also a strong average-age correlation between these occurrences for the professionals and over 1,000 New York City A.A. members (p. 44). For both sexes regular drinking began at about 20 years of age and regular drunkenness about 6 years later. Others became concerned about the drinking in a further 6 years, and they became concerned themselves at about age 34. The time lapse between regular drinking and the final drink was a median of 22 years, at about 42 years of age, although most subjects considered that drinking had interfered with their lives at age 29 (pp. 42-44).

6. Getting Alcoholic Personnel into Treatment

Alcoholics and those with alcohol related problems cannot see what is becoming of them. (Johnson:1973:p. 24). Many of those around the victims can see the consequences, but are unable to see the true source of the problem. The ailing individual him/herself uses defense mechanisms to support a falling self-image to such effect that the rationalizations become fully-fledged mental mismanagement and seriously impaired judgement. These judgements are projected onto those around them, so successfully that the immediate family becomes as mentally ill as the victim him/herself. From the unconscious self-hate, come projections

of hatefulness upon others, in the forms of paranoia, unreasonable anger, sense of martyrdom, suspicion, feelings of isolation and self-pity (ibid., p. 28).

The majority of personal problems interfering with job performance are alcohol related problems. (Hobart, in Grassroots 1984:Employee Assistance 7/84:p. 13). This leads to

> "... a useful, pragmatic and behavioural definition ...: any individual whose repeated or continued use of alcohol interferes with the efficient performance of his work." (Trice, in Popham (ed.):1970:p. 339).

Usually family and marital breakdown occurs before a problem is in evidence at the workplace. (Johnson:1973:p. 26). This rarely brings about a self-referral for assistance -- alcoholics rarely self-refer. (Wilson, in Ontario Council for Leadership in Educational Administration v. 18(16) w'80:p. 26; Hobart, in Grassroots 1984:Employee Assistance 7/84 p. 17).

However, many of those having alcohol related problems can be assisted by a rather well defined although "broadbrush" (Poley et al:1979:p. 53) Employee Assistance Program operating in the workplace. These programs work best for those with alcohol related problems when there are clearly stated sections that refer directly to the jurisdiction's policy on drug and alcohol related problems and when the procedures that will be followed are also outlined. (Trice and Beyer, in Journal of Studies and Alcohol

v. 45(5) 1984:p. 393 abstract). For,

> "While some alcoholics and drug-dependent people readily admit to a problem when challenged, rather easily agree to accept treatment, and may even seem rather relieved that things have come to a head, most will do no such thing."
> (Bissell and Haberman:1984:p. 181)

Under these circumstances it is necessary to have as policy, well-circulated, clear and irrefutable, a means by which to create crisis. (Trice, in Popham (ed.):1970:p. 341; Wilson, in Ontario Council for Leadership in Educational Administration:v. 18(16) w'80: p. 26; Johnson: 1973:Ch. 6).

To recapitulate: Employee Assistance Programs (EAP's) provide a wide variety of assistance to troubled employees usually through already existing community service agencies. "Broadbrush" refers to the fact of these many services which may range from financial advice to family counselling. The published existence of these services and the willingness of the employer, usually, but not always with the cooperation of the union or professional association, and an health insurance scheme to fund such assistance, makes it possible for employees to self-refer when necessary. Many do not do so, and often the job suffers. In this case, supervisory personnel, trained at employer expense (even if cost is only in professional development time) must confront the employee with evidence of job-performance deterioration. The process of leading the employee to recognize the effect on job performance, to agreeing to

remediate the situation, and to ultimately agreeing that help may be needed is often called the constructive-confrontation method. (Hobart, in Grassroots 1984, Employee Assistance 7/84:p. 13; Bissell and Haberman:1984:Ch. 10; Brooks, in Teacher v. 98(3) 1980:pp. 38-40; Cramer, in American School Board Journal v. 164(8) 1977:p. 50; Heisner report, in Instructor v. 87(9) 1978:pp. 26-27; Poley et al: 1979:pp. 52-58; Trice and Beyer, in Journal of Studies on Alcohol:v. 45(5) 1984:pp. 393-404). No diagnosis is made by the supervisor, no promises are made beyond the terms of the policy, and emphasis is placed upon the remediation and upkeep of job performance. Employees who refuse assistance and whose job performance remains inadequate are disciplined under existing agreements. (Trice, in Popham (ed.) 1970:p. 341; Cramer, in American School Board Journal v. 164(8) 1977:p. 52). It is usual with the success of treatment, that no record enters the permanent file, that confidentiality is maintained throughout the proceedings, and that those who seek help are not inhibited from advancing their careers (Brooks, in Teacher v. 98(3) 1980:p. 39). The structure of Employee Assistance Programs in the education profession grows out of those in business and industry, and as those are tailored to fit the requirements of each institution, so programs are tailored to fit the professions, and individualized to meet the needs of the sponsoring institution. Some counselling services

are "in-house"[1] and individuals receive initial counselling and are referred according to the needs perceived (Manitoba Teachers' Society:1983-84:p. 3). Others may be referred to the jurisdiction medical consultant (Wilson, in OCLEA v. 18(16) 1980:p. 16). Elsewhere reference is made immediately to community services who make the initial diagnosis and re-refer to appropriate facilities (Instructor, "Heisner Report" v. 87(9) 1978:pp. 26-27).

Employees identified through EAP's as in need of assistance for an alcohol problem and those who seek assistance voluntarily, when such a program is in place, have a high rate of successful rehabilitation. AADAC, in the pamphlet, "Occupational Program: A Guide for Supervisors" say, 60-70 percent, but others are even more optimistic giving figures of 70-80 percent (Cramer, in American School Board Journal, v. 164(8) 1977:p. 52) and in the case of involuntary referrals one school jurisdiction reports 83.5 percent (Instructor, "Heisner Report" v. 87(9) 1978:p. 26). This would not seem to be overly enthusiastic in the light of a recent examination of a program that has been in existence since 1962. In a report of this evaluation, Trice and Beyer (1984) conclude that 80 percent of a large sample

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[1] "in-house" does not mean at the work site but that the provider of the program, in this instance the Manitoba Teachers' Society, itself provides initial professional counselling and referral (Report of Employee Assistance Program Advisory Committee:1983-84:p. 3).

of problem drinking employees improved in general conduct and 74 percent in work performance after program intervention (p. 403). Work performance of problem drinkers, improved more than that of employees identified with other problems, and in the presence of alcoholism policy supervisors took action on problem drinkers more readily than with other problem employees (p. 393). They give further affirmation to the constructive-confrontation method when conducted by the immediate supervisor, insofar as employees who respond to these discussions avoid formal disciplines and the need to be confronted by higher level administrators, all of which tended toward more negative outcomes (p. 403). They cite the legitimacy and predictability of the procedures as they conformed with company policy, as effective control over the employees' behaviour, with the certainty of sanction (coercion) being used in the event of refusal or failure as the crisis dimension deemed necessary in the amelioration of alcohol related problems (p. 404: Johnson: 1973:p. 59; Trice, in Popham (ed.) 1970:p. 341). Johnson (1973) says, "Crises are opportunities -- they need not be terrifying," and urges that, "... laws against drunken driving be enforced -- to create crises. Out of crises come the opportunities for intervention ... confrontations can break through to reality as the first step back toward health." (p. 59).

In the above mentioned program evaluation, in a

U.S. corporation, treatment was outside the company's medical services, in the community, and this was considered an important predictor of positive outcome, with the strategies used.

There seems to be very little difference in the outcome, whether the alcohol abuser is a surgeon or a millhand, with the use of the constructive-confrontation method. Trice and Beyer (1984) found that age, sex and occupational status were only marginally significant (p. 403), and Bissell and Haberman (1984) recommend familiarity with the techniques, and planning for intervention and confrontation, in the case of professionals, and the avoidance of threats until there is "... full ability and willingness to carry them out." (p. 181).

However, the existence of program, in and of itself is no predictor of either supervisory referral or voluntary use. Program directors are sometimes concerned about, "the gray area -- those teachers who have job performance problems that we believe are related to alcoholism, teachers who have not been in contact with us either through their supervisor or by self referral." (Brooks, in Teacher v. 98(3) 1980:p. 38). Problems interfering with the use of a program may be related to a) the absence of specifically stated policy and procedures on drug and alcohol addictions, b) suspicion and apprehension on the part of supervisors and staff with regard to confidentiality and job

(career) termination, c) lack of information on alcohol related problems of all professional personnel, d) inadequate training of supervisory staff in constructive-confrontation methods of dealing with staff problems (Needell and Alwon, in Supervisory Management v. 28(1) January 1983: pp. 8-13), e) poor dissemination of information about the existence of program and how to access it (Hobart, in Grassroots, 1984:Employee Assistance 7/84:pp. 15-16), f) elements of discord and fear that may enter if union or professional association have not been in on the planning stages of the program (Cramer, in American School Board Journal v. 164 (8) 1977:p. 51) and have not been educated at the same rate as administrative personnel on procedures that include personnel protection (confidentiality) job protection and protection of career growth, g) in the case of educators there may be concern or confusion about identifying a problem colleague in a matter that could lead to termination and consequent litigation. The issue here is concern with the legitimate role of supervisors: job performance, rather than labelling of the alcohol related problem which is the concern of medical officers and others qualified to make those judgements (Poley et al:1979:p. 53; Hobart, in Grassroots 1984:Employee Assistance 7/84:p. 16). Some caution is obviously necessary, as Bissell and Haberman (1984) point out, in the readiness with which job sanctions are used to coerce therapy, not only because of the difficulty

of proving alcoholism in a court of law, but also because coercion of itself is not entirely a sound predictor of successful outcome of therapy (Smart, in Quarterly Journal of Studies on Alcohol v. 35A:1974:pp. 196-209). This however, should not exclude from a jurisdiction the right and proper statements in policy that concern adequacy of job performance and failure of rehabilitation from addictions. Legal issues will be addressed below. The Discipline Bylaws of the Alberta Teachers' Association (1984) show the wide gap that exists between present knowledge of alcoholism and alcohol related problems as treatable diseases, and the position taken by a wide variety of professions, businesses and industries, that no career need suffer if assistance is accepted and rehabilitation is obtained, and the present stance of the teachers' professional association.

> "9.(1) Unprofessional conduct shall include breaches or violations of the ATA Code of Ethics or excessive or flagrant breaches of the ATA Standards of Professional Conduct.
>
> (2) Without in any way restricting the generality of subsection (1) hereof, every member shall be deemed guilty of unprofessional conduct who:
>
> (e) is addicted to the excessive use of intoxicating liquors or the excessive or habitual use of opiates or narcotics;" (Alberta Teachers' Association Members' Handbook:1984:p. 143).

Dwyer and Muldoon (1984), in a discussion of the problems of alcoholic school administrators, (Grassroots 1984:Employee Assistance 2/83:pp. 7-9) find parallels

between other executives, managers and supervisory staff and school principals. In a study of the concerns of such personnel that inhibited their seeking assistance for alcohol related problems (Executive Alcoholism Recovery Survey (1983) of the Association of Labour-Management Administrators and Consultants on Alcoholism), lack of knowledge about alcoholism: education about alcoholism, and how to seek treatment, and career-related concerns: fear of absence of confidentiality, fears that asking for help would be career negative and have an adverse effect upon status and reputation in the company (p. 8) were cited as the main inhibitions.

Many respondents also thought that assistance through their professional association would have been preferable because of its being less of a job threat. The Minnesota Association of Secondary School Principals has such an assistance program. Manned by six committee members, three of whom are recovering alcoholics, "Principals Supporting Principals," is available not only to school administrators who are alive to their own problem, but to principals concerned about a colleague, or family or friends who may have a concern about a principal (ibid, p. 8).

The ATA in the school year 1983-84 had no program, and no plans to produce a program unless the members were to decide that an EAP was necessary, because it projected a cost of .75 million dollars to do so. In its discussion

paper "Employee Assistance Program (EAP)" for the Summer Conference 1984, no mention was made of the Association's position on alcoholism or alcohol related problems. The paper refers to "The Alberta Teachers' Association's EAP" although the contact person, as mentioned above, said that there was no program. The functions of the EAP listed were:

> "(1) referring teachers with personal problems to appropriate agencies for counselling and help; (2) helping school boards establish employee assistance programs that are acceptable to teachers in their employ, (3) monitoring programs that are operational so that teachers do not become victimized by the program."

Bissell and Haberman (1984) make the following observation:

> "Organizations of teachers and of college faculty are not exactly analogous to those serving the occupational groups previously described. [medical professionals, lawyers, social workers etc.] They see their role as more like that of a union and their task primarily as one designed to protect members against arbitrary and unfair attack more than as one in which they set standards for and attempt to regulate members' behavior" (p. 162)

They go on to describe some on-campus non-coercive groups, "Anthropologists Concerned for Anthropologists" and "Sociologists Concerned for Sociologists" and the "sporadic" programs in college and school systems, such as Montgomery County, Maryland (pp. 162-163). There is no further discussion of school systems other than reference to the sparse

literature and to Russell, (frequently mentioned above) in particular.

The apparent and stated function of the ATA paper was to 'prepare a set of guidelines for employee assistance programs to constitute an Association position.' (motion of Provincial Executive Council January 1983). The following was given Provincial Executive Council approval:

> "1. The ATA supports the understood intent of Employee Assistance Programs (as outlined above) [that they are designed to assist teachers with personal problems causing job performance decline and they are preventative, helping at the earliest possible time and they are non-invasive of privacy] .
>
> 2. In order to lend its support to any given program the Association would have to be accepted in a monitoring and evaluating role. It would be prepared to participate in an advisory and evaluators role in both the initiating or continuing of a given program.
>
> 3. Programs would be organized and financed by the employer.
>
> 4. It sees the following as characteristics of such programs --"

In the list of "characteristics" are statements about strictly voluntary participation, confidentiality, written consent for the release of "file items" by any other office of the organization, objectives emphasizing individual welfare rather than "a management objective", and exclusion of counselling personnel from job sanctions.

In response to questions, the ATA Employee Assistance Program contact person said that locals of the Association

would not be prevented from financial assistance of their jurisdiction's program, if there was one; that locals would be advised against approving policies submitted to them in the absence of their having participated in developing such policies (on Employee Assistance); and that the Association would not stand in the way of job sanction if all avenues had been exhausted to their satisfaction in a matter arising through the Employee Assistance Program of any jurisdiction (telephone interview November, 1984).

This latter statement would substantiate the observation that the Alberta Teachers' Association was taking a more cooperative stance with regard to alcohol related problems, than it had some 4 to 6 years previously (Interview, March 1983).

7. Why Intervention?

"...[I]t is foolish to expect alcoholism to be arrested without treatment." (Twerski:1981:p. 115). Intervention reduces the chance of early mortality, enabling behaviour increases the chance of escalating an alcohol dependency and bringing about a host of attendant physical, mental, emotional and spiritual ills, and decreases the quality of life for the victim and those who must live and work with him (Bruun et al:1975:p. 15).

Because psychological 'denial' is a protective stratagem in the process of alcoholism, alcoholics and those with alcohol related problems tend not to seek

advice without prompting (Blane:1968:Ch. 4).

While a number of professional associations in the U.S. and Canada have taken steps to institute assistance for impaired practitioners (see Appendix #4; from Bissell and Haberman:1984:Appendix C, pp. 199-205, and in Canada, contact practitioners' professional associations.)

"... most of the major professions are still left to their own devices and many still die of ... [the] complications while their alcoholism itself goes unacknowledged and untreated." (Bissell and Haberman:1984:Preface X).

Alcoholic personnel have increased absence for the minor and major ailments, illnesses and disease to which they are prone, even if they do not absent themselves for even the severest hangovers. As absentees they account for two to four times more cost in substitute payments, and for about three times as much health care benefits, as non-alcoholic personnel (Cramer, in American School Board Journal V. 164 (8) 1977:p. 49).

Physical deterioration of those with alcohol related problems which occurs even in the early and middle stages is generally unrecognized because it is invisible even to the victim,

> "Biological markers ... tests that distinguish heavy drinkers from others by measuring effects on the blood or other biological variables are becoming valuable in the early diagnosis in (sic) those with drinking problems."
> (Niven, in Grassroots 1984, Alcohol 7/84:p. 30. Introduction to the NASADAD Alcohol and Drug Abuse Report, Special Report, Apr/May 1984).

"Advanced computer technology applied to brain scanning has also shown evidence of alcohol-induced brain damage -- even in the absence of obvious clinical signs." (ibid.) Since chronic brain injury from heavy alcohol use is second only to Alzheimer's disease in adults, but unlike Alzheimer's is reversible to some extent, this is a valuable advance in the detection of the problem, and may be significant in assisting the heavy drinker to abstinence (Butynski (ed.) 1984:p. 33) if the disease proceeds without firm committed intervention, but rather with the emphasis on "pulling oneself together," perceived ability to "quit whenever I want" and the mistaken notion that professionals can solve their own problems, there may be a series of intervals of abstinence or going "on the wagon". Laboratory evidence from Australian experiments suggest that this behaviour may be causing losses in cerebellar Purkinje cells and the alcohol abstinence itself may be untenable because of these losses. The longer the heavy alcohol use has persisted the more dangerous this behaviour becomes and the increased need for proper clinical withdrawal from alcohol with controlled water intake (Phillips and Cragg, in Journal of Studies on Alcohol v. 45(6) 1984:pp. 475-480).

Many other recent developments in diagnosis reveal sources or possible sources of alcohol related diseases such as Korsakoff's syndrome, seizures, cancers of mouth, tongue, pharynx and esophagus, pancreatic malfunctions,

cirrhosis, cardiac myopathy, cardiac arrhythmias, muscle tissue problems and functions and reduced white blood cell counts, causing diminished immune system function (Butynski (ed.) 1984:pp. 33-34). Other complications of alcoholism include: gastritis, peripheral neuropathy, severe malnutrition, fatty liver, gastrointestinal bleeding, duodenal ulcer, esophageal varices, sleep disturbance, anxiety and depression, mood swings and insomnia (Bissell and Jones, in Nursing Outlook Feb. 1981:p. 99). Often drugs given for some of these distresses without attention to the alcohol problem, compound the addictions.

Women who drink regularly and become pregnant, as well as women with alcohol consumption problems, are running risks of harming their babies' health not only by the rather well defined Fetal Alcohol Syndrome, but by the more discrete alcohol related fetal anomalies. "A recent calculation suggests that 5% of total birth defects may be alcohol related" (Butynski (ed.) 1984:p. 35).

"...[E]mployers have no legal obligation to rehabilitate their employees. 'If fairness procedures ... are followed, employers can ... discharge ... without offering treatment services ..." (Angarola, in Grassroots 1984:Employee Assistance 9-10/84:p. 27). In this discussion of the legal issues involved in drug tests for would-be employees, which is now entering the education profession, (Nation's

Schools Report, July 8/1985:v. 11(13):pp. 1-2).[1] Angarola, referring to U.S. law, says, "Employers also have a legal responsibility to maintain a safe work environment for all employees."

> "Some professions ... involve direct responsibility for public safety. Employers share this responsibility ... Some jobs involve public trust in the maintenance of certain standards of behaviour". (p. 23)

"An employer has a legal right to ensure that his employees perform their jobs competently. In addition the employer has an obligation to ensure that no employee endangers the safety of other co-workers." (p. 25)

> "If an employer hires someone who is incompetent and this incompetence causes injury to another employee or member of the public, the employer can be held liable." (p. 27)

These remarks would seem to be equally appropriate in intervention considerations of EAP's.

In matters of privacy, the Canadian Constitution Act (1982) will probably have the last say, and clarification will be made through the courts in the next decades. However, while those activities conducted in private may be protected, those that carry over into the workplace may

---

[1] Court approval was denied a Long Island School District which sought to test all teachers and administrators seeking tenure in their 3rd year of employment. Potential employees not covered by union agreement will be screened by tests used at Los Angeles Olympics, for drug use other than marijuana and alcohol. The judgement will be appealed.

not. Angarola (1984) advises that, the inclusion of legal counsel in the first place when formulating policy and procedures is mandatory. Employers must weigh minimal risk factors (of suit) against the demonstrated benefit of early detection of problems. (p. 24)

A certain social responsibility accrues to employers of professionals to participate in attempts to limit the burgeoning ills that beseige society, not the least being those that result from inordinate alcohol use, that may be related to alcohol, or in which alcohol is a compounding problem. They include divorce, far reaching effects on the children of alcoholics, (beyond genetic effects) (Zimering and McCreery in Journal of Drug Education v. 8(3):1978: pp. 258-259), child and spouse abuse, traffic and pedestrian accidents, industrial accidents, fires and crimes of violence including rape and murder. "Alcoholics commit suicide 6 to 15 times more frequently than the general population." (Butynski (ed.) 1984:pp. 35-36).

To view intervention as an employee "benefit" or a kind of employee pampering system, is erroneous.

> "It is a cost-reducing, productivity improving, morale boosting, company benefit program which helps get poor performing (sic) workers back to their original state of well being and acceptable levels of performance" (Hobart, in Grassroots 1984:Employee Assistance 7/84:p. 17).

> "'I can't afford to go before the school board and propose a program -- no matter how much it is needed -- that tells

> parents that three, or five or even eight percent of our employees have a serious drinking problem. It might cost me my job.'" (Cramer, in American School Board Journal:v. 164(8) August 1977:p. 50).

At the National Education Association Conference in Los Angeles (1980) a resolution was passed recommending that programs be set up, where possible, for the treatment of stress-related problems. Although alcoholism was not specified, it was intended that such programs address that issue. The American Federation of Teachers passed a resolution in 1979 that it establish its own program. A member voiced concern that teachers are uncomfortable because they think that open dialogue and acknowledgement of the problem will place "... another blemish on an already beleaguered profession." (Brooks, in Teacher v. 98(3) 1980: p. 38).

Teachers are not alone in these concerns for the public image of their profession,

> "Members of professional groups and those in sensitive occupations have been slower to take action than the business community ... the very considerations that make it important that problems be faced squarely and promptly make it more difficult to admit that the problem of alcoholism exists." (Bissell and Haberman:1984: p. 170)

But the concern may be somewhat unwarranted,

> "The public will probably very easily accept that professionals are not immune to the ills that affect everyone else, if we agree to acknowledge a

problem and deal with it."
(ibid., p. 18).

8. The Apparent Alberta Situation

The status of EAP's with regard to the Alberta Teachers' Association is indicated above.

Some Alberta educators are being assisted with alcohol problems through informal systems. This was confirmed in an interview with an experienced AADAC counsellor (24th Feb/1983). The counsellor estimated 4 percent of her caseload to be educators of both sexes and including administrators. Some had been referred by supervisory personnel and others had self-referred or been referred by family members. Of those referred by supervisory personnel, there appeared to have been a job performance crisis that somehow made the problem no longer tolerable, and mutual agreement that assistance would be sought. The others, those self or family referred, were seeking help because of a family crisis. All of them, however, were concerned about losing their jobs as a consequence of discovery of their alcohol problem, even though some of these educators saw the job as a threat to recovery. The stresses identified were frustration, exhaustion, and heavy work load (especially for older clients), but students' behaviour was not identified as a problem.

This counsellor's educator-clients averaged 8 years of alcoholism although some claimed to have been

alcoholics for as much as 20 years, and their length of service varied from 5 to 20 years. Most of these educators were taking sick leave, voluntarily or involuntarily and it was thought that the prognosis was good for all of them.

The most serious threat to the classroom, in this counsellor's opinion was the fact that these alcoholics (in common with others) do not handle emotions well, are poor at interpersonal relations, and have poor communication skills. For these reasons, the counsellor thought that training of administrators in awareness and intervention skills was imperative, particularly as many of the educator-clients were administrators.

Preliminary interviews with administrators from two school jurisdictions revealed an awareness of alcohol-related problems existing among professional and other staff, and some attempts to come to grips with them, among other problems (Mar 1983). These administrators thought that they were probably only seeing a fraction of these problems, at the point where the problem was severest, because principals were reticent to refer such problems to central office for fear of dismissal of the colleague in question. The delay made such a consequence almost inevitable. In these interviews there was concern expressed that school administrators may hold stigmatizing views of alcohol related problems and this could be obstructive in the rehabilitation of a colleague, but that most of all they

do not want to deal with what is distasteful and will not get involved until they have to, despite inservice education on this problem. Severe problems have occurred, with personnel being left to their own devices with alcohol problems, for as much as 20 years.

An EAP was newly in place in one of these jurisdictions, without specific policy and procedures for alcohol and drug related problems.

CHAPTER III

Statement of the Problem

The objectives of this study are to discover and describe the extent of the preparedness, of selected public education jurisdictions in Alberta, to assist professional personnel with alcohol related problems and alcoholism to seek appropriate help to palliate the effects of the disease on job performance.

Research Questions

1. Do jurisdiction administrators, who have responsibility for personnel, know of professional educators in their districts who have alcohol related problems, or alcoholism?

2. Are these administrators confident that the problems are being addressed because:

   a) school-based administrators are well directed by existing written policy and procedures
   b) school-based administrators have had in-service training in confronting these issues through job evaluation
   c) there is a broad brush program that allows voluntary and involuntary referral for a

wide variety of problems without fear of job sanctions?

3. Are these administrators aware of factors that may be inhibiting proper attention to the job performance of those with alcohol related problems and alcoholism such as:

a) stigmatizing attitudes in the jurisdiction, community, or professional association
b) denial by the professionals and in the professional association
c) a need perceived by supervisory personnel, to obscure or cover-up a problem with alcohol consumption for fear of career-adverse consequences to a colleague
d) unsureness of support from the administration, or unsureness of how to act, on the part of those with alcohol related problems?

4. What problems of job performance have the jurisdiction administrators seen as alcohol related problems?

5. What interest is there in the jurisdictions in having a program, including clearly stated policy and procedures, to assist professional educators with alcohol related problems in the absence of such programs?

6. What problems are anticipated by these administrators, if they did seek to set up a program?

7. How do these administrators view the professional

association's contribution to setting up program?

8. How ready would these administrators be to seek assistance, in the preparation of program, policy and procedures, from a community service organization such as AADAC?

Design

Data collection was designed in two different ways. The interviewing of administrators at the district level, in selected districts, was seen as the main means of collecting information. A short questionnaire, widely distributed, was used to confirm or deny simple existence of formal policy and procedures, or EAP's; similarity or consistency of problems related to heavy use of alcohol by professionals; existence or non-existence of alcohol related problems as perceived by responding administrator; in-service training of all district administrators, and interest in program development.

Questionnaire

QUESTIONNAIRE

1. Do you have, or have you had professional personnel with alcohol-related problems in this district?

☐ YES ☐ NO

2. If "No," how do you know that?

   a) None have ever come to our notice.

   b) We have strict rules about such things.

   c) Such a problem would be easily detectable in this community.

   d) All of the above.

   e) Other. Please state.

   _____

   _____

   _____

   Please proceed to item 4.

3. If "Yes," what problems have been present on the job. Please check all the problems that your district has encountered.

   Absenteeism

   Higher than average incidence of illness

   Accidents on the job

   Poor student-teacher relations

   Poor teacher-teacher relations

   Poor administrator-teacher relations

   Poor record keeping and administrative duties

   Impairment on the job

   Lateness

   Not available after school

   Low participation in extracurricular activities

   Unpredictable behaviour

4. Does your district have an official written policy and procedures for the assistance of personnel with alcohol-related problems?

	YES		NO

5. Does your district have an Employee Assistance Program that would cover such a problem?

	YES		NO

6. Does your district have an in-service program to assist administrators in using the Employee Assistance Program, or the stated policy and procedures, or any other unwritten policy in supervising a professional with an alcohol-related problem?

	YES		NO

7. Would you be interested in instituting a program to assist personnel with alcohol-related problems, if you could have professional help to develop it?

	YES		NO

The Interview

The interviews were recorded when possible. They were not recorded when the respondent denied permission, or when the interview was conducted by telephone. Three telephone interviews were conducted either because the respondent requested it or because dates suitable to both parties could not be arranged to conduct interviews in person.

The questions from the interview guide were used only when the respondent appeared to need questions around which to formulate the information, or had not given

information about a specific aspect of interest to the researcher. The direct questions at the beginning of the guide (Pages 67 and 68) were usually more than sufficient to prompt expression of ideas, explanation of district stance, or information about problems experienced, from the respondents.

The researcher preceded most of the interviews with a personal statement about the source of the research and interest in its outcome. This was done after the two initial respondents had requested this information before beginning the scheduled interview. This directness in most of the subsequent interviews had the effect of relaxing the respondents and producing an informality, frankness and even empathy into the discussions that was in some cases dramatic in the suddenness of its change, and in others grew rapidly out of the tangibly more relaxed atmosphere.

Interview Guide

INTERVIEW GUIDE

Do you have or have you had alcoholic teaching personnel in this district, or teachers with alcohol-related problems?

☐ YES ☐ NO

How have the problems come to light?

How do principals and supervisors handle the situation?

Do you have policy [ ] procedures [ ] EAP [ ]

Are administrative personnel trained/educated in awareness of alcohol-related problems?

Has this district called in professionals to advise in this matter? AADAC for example.

If policy and procedures are in place ... was AADAC or any other organization involved in their constitution?

Was Local or Provincial ATA involved?

Do you think the policy is well understood by personnel?

Is the policy statement well distributed in clear view (e.g. all school personnel washrooms/staff rooms)?

Do you think the procedures are well understood by supervisory and teaching staff?

Do teachers and administrators self-report?

YES NO

Why do you think that is? (either)

Are you personally interested in setting up a program?

YES NO

Is the Board / District Admin. interested in having a program?

Would you personally consider consulting AADAC and the ATA in this matter?

How do you think the Board / District Admin. would feel about that?

There is a lot of confusion about alcoholism, drinking problems, treatment and its success, what kinds of things do you see as problems. For example, problems of private vs. public behaviour.

Character

private matter

leadership

disease . . can be cured

out of control before help is useful

prognosis unpredictable

place in school system?

administrators who can't take the heat

witch hunting

1. Professionals ought to be able to deal with a drinking problem, alone.
2. A drinking problem is a character problem.
3. A person's drinking behaviour is purely a personal and private matter.
4. Educators who have had or have drinking problems are not good candidates for leadership positions.
5. Alcoholism is a disease so all a problem drinker has to do is go to a doctor to be cured.
6. Alcoholics have to sink to a level where they know they are out of control before anybody can do anything.
7. The prognosis for alcoholics is never any good, as soon as there is any stress they go right back to drinking.
8. People with a drinking problem have no place in our schools.
9. Administrators who have drinking problems can't take the heat, so they should go back to the classroom or quit.
10. Having a policy and procedures labelled for alcoholics is tantamount to a witch hunt.

Sampling

1. Population

Central office administrators responsible for personnel such as District Superintendents, Directors of Personnel Services etc., in Alberta public education jurisdictions.

2. Questionnaire Sample

The sampling was made non-randomly, in the following manner:

a) eliminating those jurisdictions receiving request for interview
b) remainder located in six Alberta education zones, so as to select from all areas
c) selected so that each jurisdiction type was represented:
    (i) school division
    (ii) school district
    (iii) RCSSD
    (iv) consolidated district
    (v) county
d) in equal numbers, or all there were of any type in a particular zone
e) target total was 40

When the sample was extracted by the above method there was an unnecessary excess. Random numbers were requested, and every eighth and subsequent sixth jurisdiction on the list was eliminated. The final number of

questionnaires sent was 47, of which 40 were returned.

3. Interview Sample

The sampling was made non-randomly for geographical representation and community type or size: major urban, minor urban, suburban, widespread encompassing small isolated communities, or rural compact divisions. Thus, 14 administrators were interviewed.

Two jurisdictions in declining to interview gave information pertinent to this study. This information is shown separately in chapter 4.

Data Analysis

1. The questionnaire

Numbers of responses in the "yes," "no," and "uncertain" categories were counted, for questions 1, 4, 5, 6, and 7. Respondents were considered to be "uncertain" if the remarks written tended to withdraw the response made, if they responded by placing question marks beside or in checking boxes, or if they added a category.

Responses to questions 2 and 3 were counted in each category. Displays were made of responses to questions 1, 2, 3, and 7.

Comparative analysis was made between question 1, and questions 2, 3 and 7 respectively. The intent was to determine whether those responding affirmatively to question 1, did so with a knowledge of job performance problems, and those responding negatively to question 1, did so on

the basis of convincing evidence. In the case of question 2, convincing evidence would be represented by "other" -- statement about policy, procedures and training of supervisory staff, and reasonable evidence would be represented by "all of the above."

An assumption was made that those answering question 1, affirmatively would be most likely to do the same at question 7, in the absence of policy, procedures, or program. Similarly, it was assumed that those responding negatively to question 1, would have little interest in developing policy, procedures, or program.

2. The Interview

The sound tapes were not transcribed. Responses indicating the following were counted:

a) the existence of alcohol related problems currently or in the past
b) the existence of EAP or formal policy and procedures
c) the provision of awareness training for administrators
d) use of AADAC or other community service agency in developing program or assisting personnel
e) involvement of local or provincial ATA in developing program or assisting personnel
f) self-reporting of professional personnel with alcohol-related problems and
g) interest in developing program

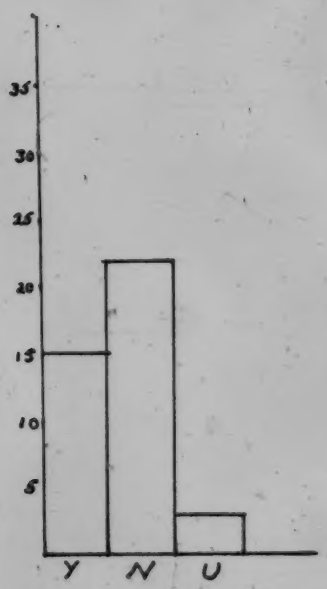
Interview data were analyzed to determine emergent themes or similarities of ideas about the problems arising from excessive alcohol use, their expression in job performance, means of handling professionals with alcohol related problems, and ancilliary difficulties.

Each interview, however, was found to be in some ways rich and unique and provided a greater range of perspectives than expected. To avoid over-simplification and sterilizing of these interviews then, it became necessary to describe their contents in more detail.

CHAPTER IV

1. The Questionnaire Results

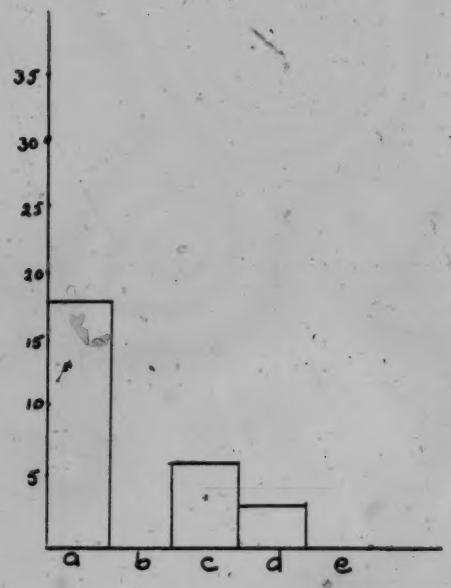
Question 1. Do you have or have you had professional personnel with alcohol-related problems in this district?



Q. 1. N = 40

All those jurisdictions returning questionnaires answered the question in some way. Of these, 3 were considered to be uncertain (not a category on the questionnaire) because one placed a question mark beside the -yes- box, another wrote "Probably yes but having no adverse effect on job performance," and the third created the category, "Do not believe so," and checked it. Fifteen responded -yes, and 22 responded -no.

Question 2. If "No," how do you know that?



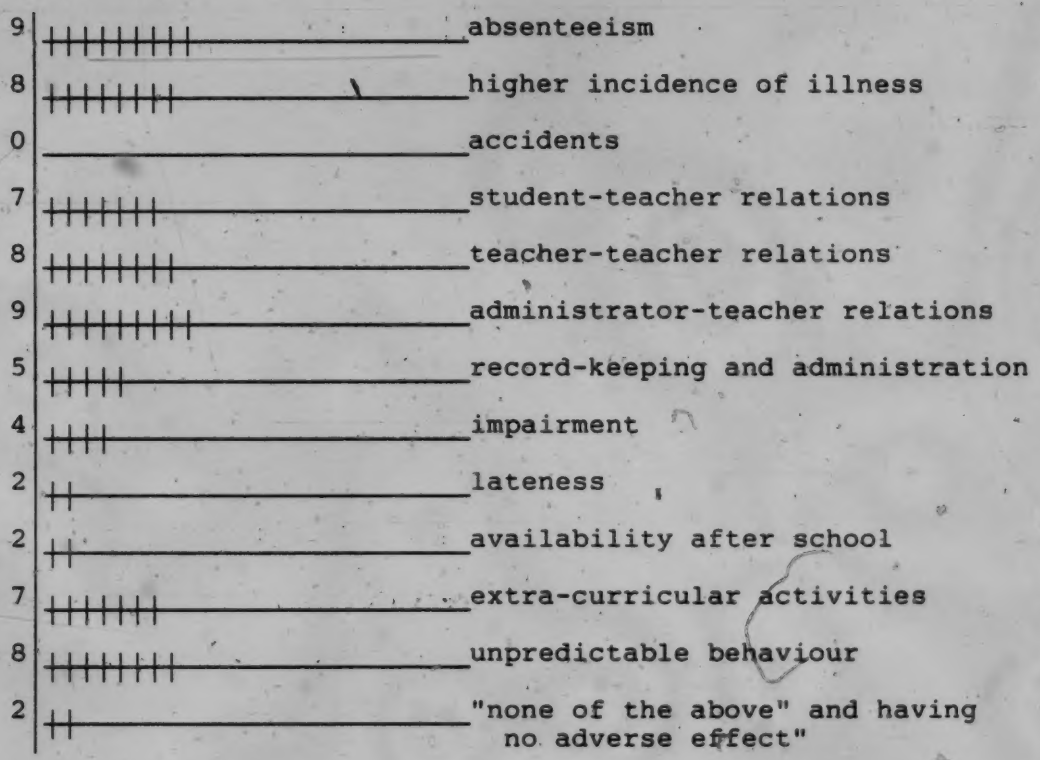
Q. 2. Responses = 22

There were 22 responses to question 2 with the respondent answering "Do not believe so," to question 1, not responding. Most of the respondents appear to have based their negative response to question 1 on a) None have ever come to our notice (18), although 5 of these also identified item c) Such a problem would be easily detectable in this community.

The absence of any response to item b) We have strict rules about such things, except where this item was included in d) All of the above (3 responses) may have been the outcome of the placement of the adjective in the item, and the use of the term "rules" rather than "policy."

Respondents did not identify any "other" means by which they had knowledge of absence of alcohol-related problems (item e).

Question 3. If "Yes," what problems have been present on the job? Please check all the problems that your district has encountered.



Q. 3. Responses = 16

The total number of responses is greater than 16 because respondents identified more than 1 problem.

The total number of respondents to question 3 was taken to be 16, because in answer to question 1, a respondent had written " ... having no adverse effect on job performance."

Of the 15 responding directly to the question, one added the category, "none of the above," and checked it. There was no indication of other problems than those listed by this respondent, so that whether the perception was of no adverse effect rather than different kinds of problems is unclear.

The frequency with which items were identified fell into 3 distinct groups: those frequently identified, those less frequently identified and those infrequently identified.

Frequently	Less	Infrequently
absenteeism (9)	poor record-keeping and administrative duties (5)	lateness (2)
poor administrator-teacher relations (9)	impairment on the job (4)	availability after school (2)
increased illness (8)		
poor teacher-teacher relations (8)		
unpredictable behaviour (8)		
poor student-teacher relations (7)		
low extra-curricular participation (7)		

All respondents answered questions 4 and 5.

Question 4. Does your district have an official written policy and procedures for the assistance of personnel with alcohol-related problems?

0	Yes		40	No

Question 5. Does your district have an Employee Assistance Program that would cover such a problem?

3	Yes		37	No

Q. 5. N = 40

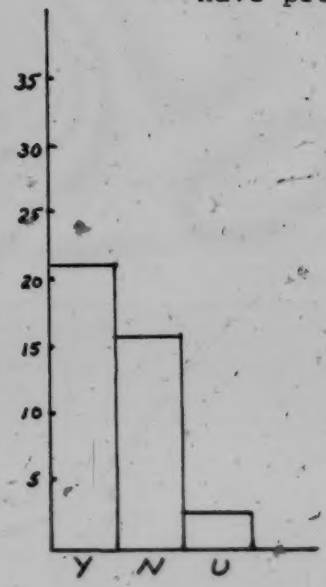
Question 6. Does your district have an in-service program to assist administrators in using the Employee Assistance Program, or the stated policy and procedures, or any other unwritten policy in supervising a professional with an alcohol-related problem?

3	Yes		36	No

Q. 6 Responses = 39

One respondent did not answer question 6. Of the 3 responding affirmatively, one invalidated the response by writing underneath it, "unwritten policy." This seemed to indicate the presence of unwritten policy but left the matter of in-service unclear as to whether there had been any (related to the unwritten policy) or not. Of the remaining 38 responses, 36 had no in-service program and 2 said they had.

Question 7. Would you be interested in instituting a program to assist personnel with alcohol-related problems, if you could have professional help to develop it?



Q. 7. N = 40

Not all those responding affirmatively to question 1 responded similarly to question 7 as anticipated. However, 9 of the 15 did respond affirmatively to both questions. Equally, not all those responding negatively to question 1 responded similarly to question 7, but 10 of the 22 did respond negatively to both.

In sum, 21 respondents showed interest in having a program, and 16 said they were not interested. Three were classified as uncertain, although no such category appeared on the questionnaire.

Explanation was sometimes given for the interest or lack of it:

> "We are a very small system. But conceivably we could run into situations relating to alcohol abuse."
>
> "It would be useful to have the "machinery in place" (sic) in the event it was required."
>
> "We have excellent professional help locally."
>
> "Economically impossible."

Those classified as uncertain had 1. added and checked the category "uncertain," 2. written "perhaps" under the -yes- box, and 3. placed a question mark beside the -no- box and added "depends on the program."

2. Responses to Request for Interview

Two jurisdictions in declining to give interviews gave information pertinent to the study. One, stating that there

was neither policy nor regulations to deal with the problem, explained that " ... the Board determined (1983) that such matters are the domain of the professional organization." The second said that there were no provisions in policy or procedures to deal with the problem, and that none were currently anticipated.

These responses are included in data collected since, in the first instance it is clear that there has been at the minimum some consciousness of a problem or a potential problem, that has lead to consideration of the issues and the ability of the respondent to give a clear statement of the Board's position. In the second case, the question of the existence or anticipated existence of appropriate policy and procedures is addressed directly, and this was a part of both the questionnaire and interview data collection plans.

3. The Interview Results

a) Counting the responses

The results of the interviews that gave quantitative data were documented under the questions (from the guide) that referred to those issues, even though the information was not always given as a consequence of the direct question being asked. The results will be shown in this fashion, where possible, for the sake of clarity.

b) Emergent themes, divergencies and verbatim examples will follow the quantitative information, either as they appear to explain or expand upon the numbers or as they correspond to the ideas or related ideas.

1. Do you have or have you had alcoholic teaching personnel or teachers with alcohol-related problems?

12	Yes		1	No

N = 14

The fourteenth respondent said that in 13 years as an administrator in the jurisdiction he had had no knowledge of such a problem with the teaching personnel or non-certified staff until the immediately-past academic year. He chose his words deliberately and proceeded in a definite and slow manner so as to impress upon the researcher the absoluteness of the absence of such a problem - until the revelation at the end of the sentence. The researcher then asked again if there was now a problem, to which the administrator answered negatively.

A new teacher, he said, had been complained of by students and subsequently by parents for drinking in the classroom. This complaint had surfaced within weeks of the opening of the school year and had been dealt with in the first instance by the principal and subsequently by this administrator. The consequences of the confrontation were,

"He's on notice. Any more complaints and he's out. Resign or get fired. They say he's joined AA. In any case there have been no complaints since."

Confirming the past or present existence of a problem, six administrators described particular cases which appeared to most illustrate the difficulty of handling the situation successfully and/or the mode that had been used most "successfully," only to fail in a particular case.

In the school situation, initial complaints were made by students through their parents, although some administrators saw that students (older students, certainly) were more ready to complain themselves. Other teachers also complained about colleagues. From time to time complaints from the public brought the problem directly to the central office, but more often the first information came from a principal seeking help.

The principal would either report a crisis occurrence (parent, students, teacher complaint) or may have come to a point where after a long period of living with the "deteriorating performance, absenteeism, and obvious under-the-influence ... " behaviour, they are anxious to avert a crisis. One administrator identified teacher-student conflict as a way that leads to discovery of an alcohol problem:

> "The problems have come to light in student reports either of the smell of alcohol or of not getting along with the teacher because he/she doesn't teach properly. Often it looks like what we'd call a personality conflict and some say the conflict arises because of the drinking. But who's to say there wouldn't be conflict in this teacher's case even if he/she wasn't drinking."

The themes most prevalent in describing the manner in which alcohol problems were handled were " ... informally rather than formally," " ... resolved at least to a level where the problem isn't affecting the job," and " ... a compassionate approach." In these cases, a gentle, persuasive interpersonal mode was recommended to principals on the grounds that such a matter required a closer relationship than existed between central office staff and school personnel. One administrator described the advice he gave in this way:

> "My suggestion usually is 'sit down and talk honestly and forthrightly. Work on developing trust. Then bring them around to seeing that help is available.' Principals are fulfilling this role. If they think there should be some remediation, we direct them to other resources - if our inside people feel it can help."

Another said:

> "Usually we have the principal explore the possibility of influencing them to keep the drinking to the weekend drunk - make sure it's controlled. We don't want that kind of model for students. They're usually the first to know. The aroma - usually the first sign. Sometimes they have to be referred to central office by the school counsellor or principal. We use counsellors from AADAC. We <u>are</u> doing so. They come and do what they can. We need a contact for us and one for the person. It's good for us, but not always for the 'victim.' But it's our best way. They can't be there 24 hours of the day."

Contrarily, there was often in the same jurisdiction the idea that some principals, " ... most, I suspect, make sure it does <u>not</u> come to their notice!" or handle the

situation, "Poorly! None have been well handled. Some I would describe as disastrous. Some work out successfully but that's usually because the family got involved or something." " ... reluctantly. It's a well-hidden situation."

Two jurisdictions had informal-formal modes for proceeding once the problem was presumed. In one, the procedure was to take the case to a Board meeting to request recuperation time with pay. " ... this was a long-service teacher. They gave three months to recuperate with pay. That case will result in termination." In the other, the school principal or the administrator was expected to make the community social services referral to get help for the individual in question, who was expected to, and apparently usually did, comply.

2. Do you have policy |_| procedures |_| or EAP |_|

7	Yes		7	No

3 of the 7 were in process

3. Are administrative personnel trained/educated in awareness of alcohol-related problems?

4	Yes		10	No

1. somewhat
2. saturation is being reached
3. every principal has had the opportunity but has not been required to attend
4. AADAC did a workshop

4. Has this district called in professionals to advise in this matter? AADAC, for example.

In developing program				Assisting personnel	
4	Yes	7	No	5	Yes

3 AADAC
1 other agency

Note: some jurisdictions had used AADAC or another agency in both capacities. Others had not sought to develop policy/procedures or EAP, but had used the agencies as sources of help for personnel. Total is therefore in excess of 14.

While fear was expressed at developing specific policy and procedures or EAP because " ... we don't want to be seen to be going after the alcoholics," or "We certainly don't want people looking under rocks," some of the existing policies seemed to tie the hands of supervisory personnel in an unprecedented manner and force the ignoring of the problem:[1]

> "We have a policy that requires that the the supervisor has to prove that the drinking is affecting the job. The Board statement says that it will not support drug or alcohol abuse that affects the job. The procedure is essentially to inform the Superintendent, who would

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[1] the quasi-judicial nature of the presentation by this administrator of the policy, "charges" "prove," indicated a very intimidating situation which only the most foolhardy supervisor would endeavour to face. Moreover, supervisors were being asked to pass judgements upon the relationship between job deterioration and the alcohol problem, which they are essentially unqualified to do.

> direct the Supervisor to attempt to resolve the situation. If this didn't work, the Superintendent would step in. Then the charges would go to the Board and a decision would be made about the most justifiable action. Whether to ask for resignation, to fire, job improvement or what."

It was also noted that while some jurisdictions had called upon the services of their local of AADAC more than once for assistance with a personnel problem, no discussion of formalizing a policy and procedures or creating an EAP had taken place.

Where a specific policy and procedures had been in place for over a year, at the request of the non-academic union, the administrator said:

> "I don't think that the policy has made any difference to what we've done here - I really don't. We haven't dealt with a problem of this kind since the policy was put in place ... policy in the book looks good. What happens isn't a heck of a lot different from before. The committee chose a narrow scope to start - more expanded would suit us better, I think. The attitude is to deal with problems that interfere with performance. Help has to come from administrators at the school level - it increases the school administrative load. We've had no training workshops - we realize this is a short coming. AADAC will be doing workshops next year. We used their literature and they had a first hand interview with one of the policy committee members ... The policy is in the handbook and distributed in leaflets but many haven't even read it ... people with problems won't even look for it. Compassion of principals is the key ..."

Two of the EAP's in process of preparation were being prepared on a model using an outside agency as clearinghouse. In this manner, personnel would self-refer if they desired and the jurisdiction would be billed for the services used, without access to files, names, or detailed description of services used. In one of these cases, in-service had been prepared by the agency concerned. In the other, AADAC had been consulted informally and had been involved in the initial stages of the program on which the proposed EAP was modelled. Another agency was now involved in that program and was presumed to be prepared to act for the new district. No consultation had yet been entered into with regard to education programs although " ... the opportunity is there ... there is a monthly staff meeting structure that is supposed to have a P. D. component ..."

An EAP had been in place for some time in one jurisdiction (over 2 years). However, little had been done to educate supervisors or distribute the information to teaching personnel to the date of interview. The administrator thought that there was some awareness of it, but its place in the policy handbook was not particularly conducive to familiarity. It was projected that copies may be mailed to all personnel each year. AADAC had made the initial contact to do a workshop in the jurisdiction, but had not been involved in the preparation of the EAP which followed the standard industrial model.

5. Involvement of Provincial or Local ATA in policy development, or assistance to personnel.

Policy development				Assistance to personnel			
5	Yes	2	No	1	Yes	6	No

The responses could be grouped in three categories: those who saw the association as inhibiting or prohibitive, those who considered that the association showed little or no interest in the matter, and those who had worked with their local association on the matter and saw the cooperation as constructive.

These latter usually had local association executive members on standing policy committees as representing teacher input or ATA input. There were 5 in this category. One administrator explained that as a result of a particularly bad situation, the local had been the driving force in preparing the groundwork for the forthcoming program, and that a cost-sharing agreement had been reached. This local intended to fund public education meetings on quality of worklife and sensitive issues also.

Some administrators were clearly circumspect with regard to discussing the professional association. These said that they would only expect ATA cooperation if they could present "non-termination alternatives." A jurisdiction planning to implement an EAP through an outside agency had done extensive groundwork and preparation but,

"we intend to implement alone. We will ask for their (ATA) cooperation. We hope for support. But we don't want any stumbling blocks by too many people having input ... we see it as a necessary thing. It can be a very bureaucratic operation ... we want it clean. There will be mandatory and voluntary referral. Supervisors are saying we need something to help employees with personal problems. Teachers are always concerned about job-security. The ATA might see it as a difficult situation with regard to job security if they were involved in the program. Which is why we don't want to get involved in the 'Do you want this or that.' Rather we're saying, 'We <u>are</u> putting the program in. As employers we see it as necessary. We hope you will support us.' We want to avoid the hassle. The protection we have built in for maintaining confidentiality may alleviate concerns. I believe we should be in consultation with the ATA and CUPE before we finalize and have them sit in on the workshops. We don't want control by the ATA or CUPE. There could be a good working relationship if the provincial [ATA] goes that way." The administrator said that the local association <u>had</u> been invited to the initial consultative meeting however, and had not been enthusiastic but had not flatly condemned the ideas either.

Other jurisdictions had informed their locals when there had been a problem; others had not, particularly if " ... all the situations have been resolved." One administrator

wondered why the ATA had not "done something for staff." Another reported having conferenced with other jurisdictions with similar problems, contacted the provincial ATA to see what help could be given and was informed that a statement was being developed (See literature review).

6. Do teachers and administrators self-report?

2	Yes	11	No	1	"mandatory self-referral" required by program. (in-process)

One administrator who indicated a self-report spoke of a senior professional who was a recovering alcoholic. This individual had approached him directly after seeking help outside the system. The administrator described him as having worn his colleagues' patiences thin with his missionary zeal for their education on the matter of alcohol-related problems in the workplace. Since this jurisdiction was attempting to put an EAP in place, he was regarded as something of a liability: " ... they're [principals] turned off by his constant warnings that there's 'somebody in your school.' He's made a nuisance of himself. But when the policy comes in, they may want in-service. Mostly we're working toward self-reporting. It depends so much on the personal interactions otherwise."

In a jurisdiction that had an EAP in place the concern of the administrator was that there were no self-referrals of any kind since the program was implemented,

and the one individual mandatorily referred for an alcohol problem would not acknowledge either the drinking problem or the deteriorating work performance. There were serious concerns enunciated by this administrator who acknowledged that the policy " ... in the book looks good" but that little work had been done in the preparation of personnel and the dissemination of information. He said, "There are a host of things that build stigma. When we see deterioration we say 'What a bad person to put family through that!' But there's a very strong feeling that it's a private matter. It should be easier to control than mental illness but mental problems are more acceptable. Because of the stigma, we bury it. We don't see the openness with alcohol. I don't know if it's because we think there's a character problem. Maybe that <u>is</u> the source of the stigma. There's a reluctance on the part of others to cross the barrier - not exclusive to alcohol! . . . The alcoholics now. I can think of a few - I hear little things here and there. Three or four names. Bigger problems. The excessive users. Every two weeks it's a bender. Quite a few. We do nothing. It's like a cold - you don't challenge that kind of thing. They're taking two days a month. Others do too, for hard work. Too hard. They're in a state of collapse. That's not alcohol!"

In another jurisdiction where an EAP was in place, the problem described by the administrator was not that

individuals did not self-refer: "Our program is really an alcohol program. Some people self-refer. Our concern is that compulsory referral is not being utilized. ... the Board is silent and accepting of the program and our administrators seem to be supportive but maybe there is some silent sabotage going on. Notice is not being taken of early problems. We know that there are individuals out there but they are not referred. We wonder why. It's important that the victim get support and a clear message that the job is lost by the employee. Using time lines and insisting on job related problems [being rectified]. We wanted one year probation for an employee where things looked positive. Principal refused. This gives the whole thing a bad tone." With reference to the dissemination of information, this jurisdiction had included information with staff cheques, used the jurisdiction journal and bulletin boards for "constant items."

Some jurisdictions with new programs in place, or attempting to implement programs at the time of interview, hoped for self-referral as confidence in the programs developed. Their view of the past situation is summarized by one statement, "There has not been the trust or understanding of attempts at help."

Where no program existed or was planned, the approach to self-referral varied: "Our parents are antipathetic to drinking. People don't hire into our system who have drinking problems. We have a high rate of alcoholism in the

community, high drinking rate in this part of the province. Our district doesn't get involved in it. We don't have the people, training or anything to go on any help program. Students and parents were right on it. A long treatment program this community would not tolerate. Control of personnel is by public awareness. It's an absolute no-no. He's an adult. If he decides to drink in the classroom or come to school with alcohol on his breath or anything. Well, he's just out. There must be other lines of work that that type of fellow can work at, but not in our schools ... the private matter is only a private matter until they show up at school. Then we're totally interested."

"Self-report? Never. I don't know if there would be the confidence to self-report. This one could have. If he didn't I can't see others doing it! His staff is quite understanding. Teachers believe that drinking should be moderate and not affect their jobs but concern is for their own personalities - not revulsion. The public is not hypercritical but does have <u>model</u> expectations. The Board is concerned for the person and for the role ..."

"No self-reports. It's the social stigma. People don't want to admit to a power[less] position for fear of termination and of the knowledge spreading. It's difficult to admit to an alcohol problem."

7. Are you personally interested in setting up a program?

(Included in this is any reference made to the Board's interest in a program, of the interest of Central Office or School Administrators.)

13	Yes		1	No

In jurisdictions where policy and procedures or EAP was in process, the administrator interviewed was often the person most involved in the process. The knowledge, enthusiasm and committment of these individuals predominated over the fears and trepidations they had about public scrutiny, the contentiousness of the issue within the system, or the prognosis for some individuals who might seek help with the program.

"The first draft has just been turned down by the Trustees on my recommendation. It was just insufficient. Not rejected, but being upgraded. It will be broader. I shudder to think what we had. The person with a problem had to get assistance by referring themselves to me! I'm the last person they want to see. We can do better. We will likely adopt the same system that _____ have."

"I have been personally involved in developing this program. Budget-wise we have money - not labelled specifically - but it has always been there for this kind of help. Our Trustees don't want to be left behind: they're competitive. We've got extended benefits and long-term disability. In the last couple of years I've seen that it's not just the

employee who's affected. Other employees' work is also affected by involvement with the problem. Supervisors loose their objectivity. Kids in the classroom - this is important - we need to do the job we're here to do!"

Those whose districts had no program or policy were sometimes more cautious:

"Yes, if it would help.' If there was some measure of coercion available in it."

"It would depend on the numbers. At the moment we have no teachers with such problems; therefore, a program would be redundant. Of course if there was a program and we had a problem, I would definitely use it. Our Board would support it if it gave guidelines for handling the situation. It's always better to have policies in place before you need them! We should have policy, probably. Both [Board and Teachers] would like it swept under the rug. Pretend it doesn't exist. 'Let's keep it as quiet as possible and how come we're dealing with something that doesn't exist?' At the crunch they would [support it]. Early identification would be an asset. Now it is cleverly hidden until the boil bursts. The cost would be a concern, but if it was a well-developed program, my Board would support it."

"I think if the costs were not too great and it would clear communication channels. If the policy clearly outlined what, in cases where we had problems, was to be

done. Administrators would support anything that would show where help is. If there was heavy responsibility for the administrator, it would not be accepted."

Others saw the necessity and that in all probability something would have to be done. "If we have the problem we have to address it. We have provided a positive alternative. We're still not getting the reaction. I foresee a program coming. I'm personally interested and looking at options. We haven't gone to the Trustees yet, nor the teachers. We'll need to run awareness to convince staff. Lots of pre-service will be necessary. We'll be using a change model - a wide base - before bringing in a policy."

"A program could be helpful ... early volunteering, in the absence of a program, well. Remediation within the system using other resources, that would be good. The alcoholic brings stress to family, job. You see teacher-teacher relations may depend on everybody pulling their weight. Teachers feel badly about one who doesn't. There's evidence of deterioration in the fatigue. _____ was an alcoholic. He was insulting. People learned to ignore his inebriate remarks. Effectiveness went down because of loss of respect. Got fired eventually. It's work life versus drinking career, right? A program could be valuable on two levels. Involving all principals in all training would improve employee relations. There would be one, assistance and two, improving skills ... "

8. There is a lot of confusion about alcoholism, drinking problems, treatment and its success. What kinds of things do you see as problems? For example, private vs. public behaviour.

(In this part of the analysis some of the information volunteered throughout the interview with regard to prognosis for alcoholics, privacy, when alcoholics can be helped, and the dangers of appearing to "witch-hunt" when implementing a program of assistance, were gathered together. If nothing was said voluntarily about those things, the researcher asked the question as above.)

On "witch-hunting" the general consensus was that caution in all processes of development of program or policy and procedures was necessary. There was insight that many teachers had spouses in organizations that had programs of some sort and that this was helpful. Alternatively, there was a perception that these would be the concerns of the ATA (see above) or local association and that those concerns would have to be addressed: "Shouldn't be a problem if handled properly. The quality delivery of education depends on such help to teachers."

"The milieu is well understood by existing staff. This is a high problem area. At some time we may have to do it. Right now, we have low illness, low turnover, low absenteeism. It can't last."

"The Board would be very cautious. We have a good Board and they have always been aware of perception of motives."

"Not if it's presented as a service ... "

"No. We're more of a family here. We've been using a hit and miss method. But, no!"

"There was some sense of witch-hunt during the formation [of the EAP]. Some are always looking for hidden agendas. Not much reaction this year. There could be at some level I don't know about. It could be there, but I haven't dealt with one."

On privacy: "Base your facts on what you see on the job. Don't look under rocks. Don't create problems. Teachers don't necessarily see it as a private matter anyway, because the profession is so visible."

"These days parents are more effective in a way. They're better educated, more aware and more demanding. The children at junior high and high school are aware because of their own family experience, some of them. There's no privacy in this kind of matter."

"Private matter? No. The public watches teachers closely."

" ... there's a very strong feeling that it's a private matter."

Others echoed this idea of "a private matter" and thought that this would be a hindrance to the success of any program unless there was considerable in-service. In this regard, smaller jurisdictions saw the education aspect of programming as prohibitive, but also were aware that there was little that was "private" in their communities.

One administrator took the issue further than his own community: "Society by and large has a dubious attitude.

They say it's a private matter, but the government controls the flow of liquor. Then it puts millions into AADAC to try to tidy up the mess. The behaviour is ludicrous; it's incompatible; it's a classical laugh if the outcome wasn't so tragic! The youngsters you know. The social damage! I've just been reading, yesterday about the children of alcoholics. Well I take it with a grain of salt. But, if it's a quarter true!"

And another said, "More and more you shape yourself, but once your behaviour influences your competence on the job ... "

On the matter of alcoholics having to be "out of control" before they will accept help, there was often a regretful acknowledgement of this as a rule, but this was often tied to a notion that nevertheless something should be done if it could be done: "I have no experience that says that the prognosis is good. The one success is not because of this office. No specific case of success could be pointed at. Success is the absence of problems for me. Individuals' lying and alibis. I like to think I handled it humanely. I tried but I'm not sure they [3 teachers] got help. I know they got extended benefits and were out of the classroom. I have referred to him [AA resource person] but I cannot conclude that they joined AA."

"Yes, some we notice the problem slowly build. They retire before it's our problem. We've had administrators.

We do have - doesn't let it interfere with his work very often - yet. There's heavy indulgence even at our own social events. They take it in turns almost. For some it's a fairly regular occurrence: they disgrace themselves a fair bit. There's no job deterioration, but it's the overall image, systemwise. We talk to them. We say, 'You're hurting yourself. There are negative comments.' One individual it helped a bit."

"My experience is that is how it is. But that, and the pro and con of prognosis isn't worth looking at! The power people have to be shown that it is [worthwhile]. Over time it would be effectively handled. Help would be accepted, if not ... "

"Yes, I suppose so. They're resistant, unpredictable. But realistically they would have committed professional suicide here, long before that [being out of control]. They would have been fired because of bizarre behaviour: been suspended and then fired. It wouldn't ever get to the treatment stage."

Alternatively, there was an intellectual appreciation that it didn't have to be that way, coupled with an experience that said it was. As seen above, the comments were frequently tied in with prognosis ideas.

"He's had two long courses of therapy on full pay and he goes and deliberately gets stinking drunk. He hit rock bottom and we called AADAC. Although we'd tried to

make him do something earlier, he wouldn't. I don't think that's generally true though. We've had really severe cases before, all in their mid-50's. We've sought medical advice and counselled them into sick leave and treatment. Two of them we helped take sick leave up to retirement. We didn't fire them. We went the long-term route. This one is younger. We're losing. We're going to have to do something drastic ... "

In addition there was the idea that there had to be a willingness to admit to the problem, or nothing could be done. In this respect, those with programs thought that as individuals went through, there would be a growing informal network that would describe itself as successful and pass that information on to those perceived as being in need.

On the matter of promotions, or continuing to hold leadership positions in the jurisdiction, after successful treatment, there were those who had no hesitation in saying that there would be no residue in this regard that would contaminate an application. Some administrators, however, saw a problem on both sides: "Some people who have had alcohol-related problems would not come forward because they could have a poor self-concept and may consider that people would think they have a character problem. If they're fairly new in this community and don't have a support group, it would be very hard for them to weather the period of rehabilitation and even after. If they do have a reasonable

self-concept and a good track record in this community, the people who knew and supported them would see them through, and they'd be no worse off. An administrator who tidied up his act, well his previous service would be taken into account ... a teacher applying for an administrative position ... we would have to judge the degree of pressure ... versus the individual response to pressure."

"The scars from the problem would cause the need to move."

"Our trustees are really non-judgemental. They would get an equal chance. But if the parents found out, they might say, 'fire him.'"

The above analysis and grouping of interview material is entirely the responsibility of the researcher. The extracted verbatim examples were taken from many hours of interview tapes; however, the meaning placed upon them is that of the researcher. A sincere attempt has been made to maintain veracity, but this is in itself subjective.

CHAPTER V

1. Summary and Discussion.

In order to discover the extent of the preparedness of selected public education jurisdictions in Alberta to assist professional personnel with alcohol-related problems and alcoholism, interviews were conducted and a questionnaire was distributed.

Preparedness was predicated on:

a) awareness of the possible presence or presence of alcohol-related problems or alcoholism among professional educators in the jurisdiction.

b) the existence or pending existence of EAP's or similar programs.

c) the existence or pending existence of written policy and procedures to handle the problem and support supervisory action in the matter.

d) the extent to which the assistance of community professional organizations had been sought or utilized in preparation of programs or policy and procedures, or in attempting to assist personnel with alcohol-related problems.

e) the extent to which the provincial or local of the ATA had been involved in the preparation of EAP or policy and procedures in the jurisdiction.

f) the extent to which in-service education had been provided to supervisory staff at all levels of the system and executive members of the local of the professional association.

g) the perception that the responding administrators had of the various interest groups' attitudes toward alcoholism and alcohol-related problems among educators.

h) the responding administrators' apparent general knowledge about alcoholism and job performance problems.

Proportionately more interview respondents knew of existing or past problems with alcohol among professionals in their jurisdictions (over 85 percent) than did questionnaire respondents (under 38 percent). This awareness may have itself prompted the willingness to be interviewed. As well, among the jurisdictions interviewed were major urban and suburban jurisdictions, which could, demographically, be expected to be made more aware of the problem than smaller districts.

Between the two data collection methods, 54 jurisdictions responding, 27 said that they had experienced a problem at some time. However, it became clear in discussion that those problems so identified were those that had precipitated a "crisis" requiring intervention. Those references to certain knowledge about job decline due to alcohol use that were not being referred, those administrators displaying inappropriate behaviour at social functions sufficient to warrant admonition, those known heavy drinkers whose behaviour was not yet interfering with performance were not entirely seen

as part of the alcohol problem, but rather as a private problem that had unfortunate overtones or undertow for the school district.

Although half of the interview respondents were either in process of developing EAP or policy and procedures for the management of alcohol and other problems (N=14) or already had such programs or policy and procedures in place, this was not the case among the respondents to the questionnaire, none of whom had policy and procedures and only 3 of whom had an EAP (N=40).

There was a clear difference between the kinds of observations that administrators could make. Those who had been involved in or who were currently involved in the production of EAP's or policy and procedures had sharpened perceptions about growing problems in the jurisdictions that were not being referred or not being referred early enough, for example. Those who had no such experience tended to make observations about alcoholism as it related to job performance, or became a problem for the jurisdiction, in terms that would be consistent with a general public view, especially with regard to a paternal persuasive approach to getting personnel to assistance.

The rate and completeness of in-service training and education in matters pertaining to the use of programs or policy and procedures was uneven. In those jurisdictions where these were in process, the training part of the program

had often not been reached. However, there was an overall absence of sufficient training in constructive-confrontation methods, and education on the essential nature and reasons for intervention. Some administrators saw this as a weakness that should be remedied at some time, others were aware that the program was underused but did not know why.

Both in the interviews and on the questionnaire there was evidence of community service organizations (AADAC, CFS, and AA) being involved with assistance to personnel in trouble with alcohol. Satisfaction was expressed, by administrators, with the professional advice they received, although some had misgivings about what happened to the referred individuals who either left the community or the jurisdiction, subsequently.

The local of the professional association was most usually involved in the development of EAP's or policy and procedures to the extent that there existed policy committees in a district and that these were utilized in these particular cases. The association usually had representation on these committees. In only one case had the association been the driving force in developing an EAP and in this case, the local had held public discussions, was promoting in-service education and training, and jointly funding the program. This was an exception. In some jurisdictions they had not been invited into the formative stages of the process and in others administrators considered that the local association would not consider program or policy to be appropriate unless there

was a clearly supportive statement from the provincial ATA. They anticipated that in the absence of an obviously extensive problem such a development would be interpreted by teachers and the association as overstating the case and would lead to misperception of intent. Those administrators who had sought direction from the provincial ATA had preceded the association's statement. (See above Chapter II, pp. 48-50.)

The inventory of job performance problems presented in the questionnaire elicited a wider range of knowledge about these problems than was forthcoming in the interview data. Generally, interview respondents grouped the problems, in the first instance, under typologies such as "bizarre" behaviour, and only later expanded on the student-teacher problems, communications problems, drinking on the job or smelling of alcohol. Absenteeism was only once mentioned as a problem, in connection with frequent "benders," but, as mentioned above, the perpetrators were not viewed as being part of the "alcoholism" problem of the jurisdiction at that point. Job performance deterioration was spoken of three times but the deterioration was unspecified. Additionally, relief was expressed that one individual was not in the classroom.

Four administrators mentioned the parent body in a manner that indicated that it could be an inhibiting factor in formulating policy and procedures or program to assist personnel with alcohol consumption problems. Although fears

were expressed that local media could have "a field day" with such information and bring about public and parental furore, this was seen as a contingent hurdle more than a serious handicap. In only one case did the administrator (reporting on a case known to himself) express extreme concern about having such an eventuality in his jurisdiction.

Boards of Trustees were mostly viewed as rational and cooperative in sensitive matters and supportive of measures that improved the delivery of education, although 3 administrators saw the Board as inhibiting or frustrating in some way.

These discussions of the interest groups in the jurisdictions indicated not only a political sensitization to them, but also a perception of the subject as delicate or controversial, or in some way reflecting negatively upon the jurisdiction or the profession. In support of this, it should be said that the extent to which mention of EAP's or policy and procedures was interpreted as a punitive measure was not extensive but was a presence. This seemed a fair measure of the reservations that administrators had, even when they said that the issue was <u>not</u> stigmatic. The interpretation given above was usually combined with a narrow conception of the disease, alcoholism, its manifestations and the possibility of successful intervention.

Two other inhibitors to managing the problem emanated from smaller jurisdictions. One focused on school administrators who were seen to have "enough to do without . . ."

having to develop a role within an EAP. In this context, this role was seen as an additional responsibility. The other focused on central office personnel, who at the time the interviews were conducted were compiling documentation of their policies to meet a ministerial dictum. This was seen as an all-encumbering task, in the presence of clerical staff cut-backs and reductions in central office administrators. In this regard, major urban "wealth" was frequently mentioned as the solution to all things, coupled with the hope that "they" were at least doing something. This matter of finance came up repeatedly in discussions of costs of implementing programs, usually in the absence of any investigation of the ability of existing health and extended benefit programs to cover at least on-going personnel costs.

This absence of basic and necessary information was legitimately problematic and lead to "intimidation" about legal and privacy issues as well as financing and diagnostic concerns to recommend actions.

Catholic Family Services are acting as a "clearing-house" for some jurisdictions requiring broad-brush services. Professional counsellors are made available to voluntary referrals and they in turn refer to appropriate services when necessary. Medical assessment is also available. Services to school jurisdictions have included assistance in preparation of program information brochures, and inservice training and education. This would imply that there is a

place for "encouragement" to self-referral, although the insistence is upon voluntarism.

The method of providing an external counselling service, self-referral, and billing of the jurisdiction for services has some attractive aspects, especially with regard to the aforementioned problems of privacy, legal concerns and supervisors' role definition. There is no doubt that the program is used, as attested to by CFS, despite the absence of endorsement by the ATA, but whether those with progressive problems such as alcohol and drug addictions are receiving help by this method could not be ascertained.

School jurisdictions do not seem to retain medical advisors. In this respect, they find themselves in the position of having to rely on the employees' own medical advisors, who are in turn obliged to maintain confidentiality. Aside from the jurisdictions using the CFS system mentioned above, only one jurisdiction had a medical officer able to offer services related to the pending EAP. This could become a problem with the age of problem drinkers falling, job performance impairment and intractability in seeking treatment.

The low emphasis placed on the distribution and display of program or policy information, in general, and the unevenness of in-service to supervisory staff, especially the training in the constructive-confrontation skills, give cause for concern. Where programs exist, but there has not been adequate attention to these matters, there is an

appearance of "Gingerbreading." One administrator confronted the issue directly when talking about the program looking good in the policy book but not changing much operationally. Others voiced their concerns about their programs not being used either voluntarily or by referral.

There was a conspicuous absence of discussion about women as alcoholics, although most jurisdictions said that women were predominately employed at the elementary level. One administrator spoke of the frequency with which women applied for leave with "personal problems" and wondered aloud whether some of them had alcohol consumption problems, rather than what was usually described as some kind of stress.

Two other administrators referring to stress remarked that victims just left the jurisdiction or the profession or both, because the system could not or did not offer any assistance. These remarks lead to another aspect of alcoholic illness: the extent to which the job contributes to the growth and maintenance of a problem. In this regard, Finian, et al. (1985) surveyed 5 large samples of teachers to determine the extent to which they perceived the need to use a mood-modifying drug as related to their perception of the strength and frequency of stressors. Of these, 6 - 11 percent reported a great - major need to use over-the-counter or prescription drugs or alcohol to manage stress, and 3 - 11 percent actually used these mood-modifying drugs on a near-daily or daily basis.

While argument may range around individuals' propensity to perceive what they will, it is not extraordinary to find that teachers, like many others in the general population, have low tolerance to stress, that they expect to minimize its effects by whatever means are nearest and most quickly effective. Two other issues should be considered in this context: the relative aging of the teacher population and the infrequency with which this older group has learned stress-reduction skills and activities, and also the relatively precarious employment times, whereby older employees may see their ability to cope as excessively crucial to their continued employment.

2. Conclusions.

The jurisdictions surveyed can be grouped for preparedness in three categories: a) highly prepared, b) somewhat prepared and c) not prepared. Perhaps predictably, the jurisdictions that had done the most work on developing supervisory skills through in-service, had developed policy and procedures and/or program with the assistance of a community service organization or a professional company, and who were able to assess the responses of their interest groups and describe the strategies they intended or were using to communicate with them were major urban or suburban. There were two of them.

The middle range, somewhat prepared, should be regarded as a continuum from "beginning awareness" to "almost completely

prepared." These latter were not categorized in the first group as the incompleteness was seen to be a crucial factor in the efficiency of the programs or policy and procedures which they were developing or had developed. There were four jurisdictions in this position: one major urban, two minor urban, and one suburban. The 15 questionnaire respondents who identified the presence of a problem, itemized job performance problems, who either had EAP's and in-service programs or expressed interest in so doing, or who identified local professional help as satisfactory were included in this middle range, despite the absence of other criteria being assessed. In the "beginning awareness" group, there were two minor urban and one suburban jurisdictions responding to interview. They were using AADAC to assist personnel with alcohol related problems, and/or had made initial contacts with AADAC, another jurisdiction or the provincial ATA in an attempt to begin gathering information toward program or policy and procedures formulation. The responding administrators in these cases were highly conscious of the problem in the jurisdiction and the ineffectiveness of existing procedures in particular cases.

The remaining 30 jurisdictions were considered to be unprepared according to the criteria established.

3. Recommendations.

Ministerial and Provincial Commission.

A ministerial policy statement in the matter of addictions that would closely resemble such a policy statement in the jurisdictions would do much to encourage Boards to imitate the stance. Such a statement from the Ministry of Education would most profitably include a recommendation to implement program or policy and procedures, along acceptable lines, in keeping with current knowledge and practice.

In support of this action, funding to AADAC to produce an appropriate information package that answers the questions that administrators have about a) the disease alcoholism, b) job-related problems consequent upon the progress of the disease, c) reasons for intervention through the workplace, d) education and training available to supervisory personnel, e) legal and medical concerns, f) diverse means of accessing programs already in existence or creating new ones, g) costs, and h) benefits already available to personnel through existing health programs, will be necessary.

Professional Association at the Provincial Level.

The Alberta Teachers' Association must be seen to support action to rehabilitate those with alcohol-related problems and alcoholism. Alcoholism is a hidden disease, much beset by stigmatizing behaviour that serves to surround the victim with increasing double messages. To the end of

complying with current knowledge, Bylaw 9, Subsection 2 (e) (ATA Handbook 1984, p. 143) should be stricken and replaced with a statement related to refusal to seek or accept help in rehabilitation from an addiction. Thus, the self-revelation does not place the victim in the position of declaring him/herself in breach of the Code or Standards but rather in compliance with the Code or Standards.

For the information and direction of local associations and jurisdictions, the ATA would be advised to produce a model policy and procedures based on current knowledge and practice and make it available as a basis for discussion and possible inclusion in existing or pending EAP's and/or policy and procedures. Such a document must take into account the mandate that Boards of Trustees have to educate the youth of Alberta in a safe environment, and the difficulty, inherent in the disease, that alcoholics and those with alcohol-related problems have in confronting their disability and seeking assistance for it.

Existing Programs.

As frequently indicated above, the main inhibitors to the successful operation of EAP's are the low level of marketing and the unevenness and insufficiency of in-service education and skill development.

Better proliferation of information is accomplished by quality and frequency. Two ends are met by a poster campaign and an annual update sent into the homes of staff. A

poster campaign places the information in highly frequented areas so that the issue is seen to be non-contentious, indeed commonplace. These posters will probably address the broad-brush problems that an EAP can accommodate. Material sent into the home provides not only information to staff, away from the worksite, but makes that information available to the family, too.

In-service education and skill development must provide a firm rationale for intervention, as well as intervention skills. These skills have wide supervisory use and should not be regarded as idiosyncratic. Members of the executive of the local association should be invited to attend these sessions so that there is a clear understanding of what is being done. Supervisory personnel should be required to attend these sessions. General education materials or in-service for teachers on an interest basis may be considered at a later date.

Where No Programs Exist.

Many small jurisdictions are concerned that they do not have the resources to enable them to have a program. Co-operation of a group of Boards could result in a satisfactory course for them. In this way, medical advice could be retained by the group, and legal advice could serve all the jurisdictions having the same policy and procedures. The same might be said of cost-sharing the in-service and fees to the agencies involved in the programs. Local associations

may be more willing to cooperate in cost-sharing too, with such an arrangement.

4. Further Research.

There is so little research done in the area of professional educators as alcoholics that almost any aspect researched would assist.

Some questions arise from this study:

a) to what extent are EAP's, as they exist in school jurisdictions in Canada, "gingerbreading"?

b) what means of delivering information and training to supervisory personnel will result in the best use of EAP's?

c) are the counselling, therapy, and rehabilitative services available to jurisdictions at distance from major urban centres realistically adequate to accommodate professionals with addictive and other problems, given the costs that must be incurred and the outcomes for the clients?

d) given that 54 percent of the Canadian teaching force are women, are the supervisory techniques, EAP's and alcohol rehabilitation services appropriate?

e) to what extent do alcoholic educators see their worklife as contributing to or sustaining their problem?

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APPENDIX 1-(b)

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Diagram illustrates phases of alcohol addiction.

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Material sequences and explains phases of alcohol addiction from the victim's behavioural perspective.

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Diagram and explanation illustrate stage involvement with alcohol and effects on mood.

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APPENDIX 4

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APPENDIX 5

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Material suggests interview procedures with employees suspected of abusing alcohol and referral criterion.

Source: Poley et al., Alcoholism: A Treatment Manual. (New York: Gardner Press, Inc., 1979).

APPENDIX 5

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APPENDIX 6

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Board policy statement of EAP specifically for drug and alcohol problem management.

Defines responsibility of employer and responsibility of employee and outlines procedures in general for the use of supervisors.

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APPENDIX 7

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Board policy statement on EAP stating interference with satisfactory performance or conduct.

Regulations describe Board responsibility and matters of sick leave benefits, confidentiality, conditions of continued employment and intolerance of improper condition for work due to use of alcohol or drugs.

APPENDIX 7

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Board policy statement on EAP stating interference with satisfactory performance or conduct.

Regulations describe Board responsibility and matters of sick leave benefits, confidentiality, conditions of continued employment and intolerance of improper condition for work due to use of alcohol or drugs.

APPENDIX 8

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Suggested policy statement for the use of employers referring to personnel abuse of drugs and alcohol.

Source: Poley et al., Alcoholism: A Treatment Manual. (New York: Gardner Press, Inc., 1979). 54.

APPENDIX 9

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Permission for use not applied for.

Material lists sources of information on alcoholism and treatment for study or assistance.

Source: Poley et al., Alcoholism: A Treatment Manual. (New York: Gardner Press, Inc., 1979). Appendix B 137-138.

APPENDIX 9

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Material lists sources of information on alcoholism and treatment for study or assistance.

Source: Poley et al., Alcoholism: A Treatment Manual. (New York: Gardner Press, Inc., 1979). Appendix B 137-138.

APPENDIX 10

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Nova Scotia Provincial Agreement, August 1981 - July 1983.

Article 34 Alcoholism and Drug Dependency Rehabilitation Program, Items 34.01-34.04.